

Your contributions are tax deductible to the extent permitted by law.
 Tax ID
 # 95-2810095

Employee Information

Name		EE ID#	
Address	City	State	Zip Code
Phone	Email		
Work Location			

There are **no** reimbursements once a deduction has been taken.

I'd like to support the following program:

You can select as many programs as you wish to support.	Donation Per Pay Period	Pay Period	Total Donation
<input type="checkbox"/> Patient/participant support - programs/projects Example: toiletries for the homeless, Diapers for new moms, pet therapy for PACE	\$	26 Pay Periods	\$
<input type="checkbox"/> Employee Proposals Employees submit a brief proposal for consideration to support communities we serve.	\$	26 Pay Periods	\$
<input type="checkbox"/> Area of greatest need! Apply my dollars where they are needed the most.	\$	26 Pay Periods	\$
<input type="checkbox"/> One time Donation One time donation that will go to help provide general support for all of our programs.	\$	1 Pay Period	\$

Note: Payroll deductions will always start with the beginning of a new pay period.

Acknowledgement

- I acknowledge that I am allowing AltaMed Health Services to make automatic payroll deductions for my participation in the employee giving program. I understand that this deduction will stay in place for the length of time designated unless I inform Payroll and the Development team in writing.
- I understand that my participation in AltaMed Health Services' employee giving program is completely voluntary and that I will not receive compensation or benefits for my participation.
- I may cancel my participation at any given time.

Please sign below to confirm your participation in the program:

Signature	Date
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Please SCAN and EMAIL COMPLETED form to: empgiving@altamed.org.

For all program inquiries, changes to pledge amounts or cancellation of pledge please email the Development Department at empgiving@altamed.org.