

Heart of America Medical Center
Otto Bremer Trust Campaign
Employee Gifts via Payroll or PTO

800 South Main Ave, Rugby, ND 58368

Foundation Office (701) 776-5455 Ext 2218

foundation@hamc.com

This form is ONLY for employees who wish to support the Otto Bremer Trust Campaign through a payroll gifting program.

There are 26 pay periods in a year. You may donate via payroll deduction, a gift of PTO, or both. Simply fill out one or both sections to indicate your wishes. Your donation may be adjusted or revoked at any time by contacting H.R.

DONOR INFORMATION (please print clearly)

Last Name: _____ First Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

GIFTS THROUGH PAYROLL DEDUCTION

What amount would you like to give from *each* pay period? \$ _____

Indicate the number of pay periods you would like to be enrolled in the gift program.

Six months (13 pay periods)

One year (26 pay periods)

Two years (52 pay periods)

Three years (78 pay periods)

Other. I would like to enroll in the payroll gift program for _____ pay period(s).

GIFTS OF PTO

I wish to make a one-time donation of _____ hours of PTO.

I wish to make a recurring gift of PTO.

_____ hours per pay period for _____ pay periods.

_____ hours once a month for _____ months.

RECOGNITION (Note: Gift amounts remain private. Only names are recognized.)

For any public recognition, list our name(s) as _____.

I/we prefer to remain anonymous.

LOOKING AHEAD

I have/will consider naming the Good Samaritan Health Services Foundation in my estate plans.

DONOR SIGNATURE

Date: _____

Donations are tax deductible as provided by law.