



Payroll Deduction Donation Authorization Form

Employee Name Last 4 of SSN#
Street Address City State Zip
Phone Email Baptist Entity

Please choose one

- New Pledge Amount (per pay period) \$
- Change current Pledge New Amount (per pay period) \$
- One-Time Donation Amount \$
- STOP my current deduction
- PTO hours

I authorize my Personal Time Off (PTO) hours to be deducted from my current available balance. The cash value (**number of hours x hourly rate of pay minus taxes**) of my donation is to be donated to the Baptist Memorial Health Care Foundation as I have designated. I am aware that the PTO donation will be deducted as a payroll deduction, and **I must retain 40 hours of PTO to make the donation valid.** I understand that I have donated these PTO hours to the Baptist Memorial Health Care Foundation and that they are no longer available for my personal use.

Please mark your fund designation(s)

- Baptist Cancer Center
- Baptist Health Sciences University
- Baptist Heart Institute
- Baptist Operation Outreach
- Baptist Reynolds Hospice House
- Employee Emergency Assistance
- Friends of Nursing
- Inpatient Palliative Care
- OTHER:
- Kemmons Wilson Family Center for Good Grief
- Matthew Hindman Memorial (pediatric patient assistance)
- Hospital where I work
- Graduate Medical Education - Entity:
- Newborn Intensive Care Unit (NICU)
- Patient Assistance
- Priceless Wishes for Hospice Patients
- Where the Need is Greatest

I authorize my employer to deduct this amount from each paycheck. I understand this authorization will continue unless otherwise specified by me in writing. I understand all personal information will be kept confidential. The Baptist Memorial Health Care Foundation does not provide goods or services as whole or partial consideration for any contribution.

Employee Signature: Date:

**Please return your form to Melissa Lewis via fax to (901) 227-6190
or via email to melissa.lewis@bmhcc.org**

Thank you for your pledge! Your contribution really does make a difference!