

EMPLOYEE GIVING CAMPAIGN

BENEFITING PATIENT CARE THROUGHOUT
THE CARSON TAHOE HEALTH SYSTEM



DONOR INFORMATION

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other

Employee Name _____

Dept./Location (i.e., Telemetry, RMC, 3rd Floor) _____

Title _____

Birthday (i.e., 7/15): Month _____ Day _____

Home Address _____

City _____ State _____ Zip _____

Phone# _____

Email _____

T-shirt size _____

SELECT A DONATION OPTION

☐ I authorize CTH Foundation to deduct the following amount per pay period:

☐ \$_____ per payroll ☐ \$20 per payroll

☐ \$40 per payroll ☐ \$15 per payroll

☐ \$30 per payroll ☐ \$10 per payroll

☐ \$25 per payroll ☐ \$5 per payroll

☐ I authorize CTH Foundation to make a one-time payroll deduction for the amount of \$ _____

☐ My gift in the amount of \$ _____ is enclosed.

☐ Cash

☐ Check (made payable to CTH Center for Philanthropy)

☐ Visa ☐ MasterCard ☐ Discover

Card # _____ Security Code _____ Exp. Date _____

DONATION BENEFITS

Your Potential Impact

For \$150 per payroll, you can support 13 cardiac rehabilitation scholarships per year.

For \$80 per payroll, you can support 26 overnight stays in a Merriner Cottage per year for patients facing cancer.

For \$25 per payroll, you can support the training of 65 community members per year in suicide prevention and intervention.

For \$10 per payroll, you can support food assistance for 13 patients through the Community Fund per year.

For \$5 per payroll, you can support over 1,500 miles in gas per year for someone in need of treatment at the Cancer Resource Center.

DESIGNATE YOUR GIFT

Please select a fund where you would like your gift to go. If no fund is specified, your gift will be designated to the Area of Greatest Need.

☐ Area of Greatest Need

☐ Behavioral Health Services

☐ Cardiac Services

☐ Cancer Center

☐ CTH Community Fund

☐ Healing our Kids

☐ Merriner Cottages

☐ Cancer Resource Center (Patient Support)

☐ Emergency Services

☐ Nursing Services

SIGNATURE

Your signature is required to authorize payroll deduction.

Signature _____ Date _____

Thank you for your support! Please keep a copy of this form for your records. You may change or stop payroll deduction anytime with a written request to Human Resources. Return completed form via inner office mail to the Foundation or email to philanthropy@carsontahoe.org

P.O. Box 2166 | Carson City, Nevada 89702 | 775.445.5678

FOR INTERNAL USE ONLY:

☐ Payroll ☐ Badge / T-Shirt ☐ Added to Upload ☐ Added to Database ☐ Added to Brick list, if needed

Carson Tahoe Health is a 501(c)(3) not-for-profit organization. Tax ID #88-0502320. Donations are tax deductible to the fullest extent of the law.