

Please Print Clearly

Full Name: Mr. Mrs. Ms. Dr. Department

Address: City: State: Zip:

Home Phone: Email:

Step One: Sign up to support the mission of Central Peninsula Health Foundation

Central Peninsula Health Foundation	Per Payroll Period*	One Time Gift
♣ Area of Greatest Need Fund	\$ <input type="text"/>	\$ <input type="text"/>
♣ Fund (please specify) <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
♣ Fund (please specify) <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

♣ My gift(s) are anonymous

If no fund is specified, your gift will be designated to the Greatest Need Fund.

***Minimum payroll deduction gift is \$5 per pay period, per fund.**

Step Two: Choose payment option for the above noted gift designation(s) and sign

- ♣ **Ongoing Payroll Deduction:** I understand this is an ongoing contribution via payroll deduction and will continue until I notify the Foundation to stop or change my donation. To request a change or stop payroll deduction. I will contact the Foundation at 907-714-4626.
- ♣ **One-time Payroll Deduction:** I understand my one-time deduction will occur within the next 2 pay periods.
- ♣ **Cash/Check(s) Enclosed.**
- ♣ **Credit Card:** To make your gift with credit card, please call the Foundation office or go online to our secure donation form at www.givingheals.org and follow the steps there.
- ♣ **PTO Donation:** I would like to donate hours of time off.

Sign Here | **Signature** **Date:**

(Your signature is required to authorize payroll or PTO deduction(s) and also require if you are attesting to the "I give One Hour" club as a current payroll deduction donor)

📁 Yes! I'm eligible for the "I Give One Hour" Club!

(I attest my total giving is greater than or equal to 1 hour of my pay per pay period.)

List of Funds

Please choose the specific area(s) that you would like your contribution allocated to. Please write the name on the front of this form in the space provided.

- Area of Greatest Need (*unrestricted*)
- Animal Assistance
- Breast Cancer
- Cancer Care
- Cardiac Rehabilitation
- Clinical Forensic Services Support
- CPH Health Resource Center
- Diabetes Resources
- Dr. Isaak Scholarship Fund
- Elks Care Fund
- Employee Emergency Assistance
- Healing Touch
- Healthy Families
- Heritage Place Activities
- Heritage Place (*unrestricted*)
- LifeGuard Memorial
- OB/Maternity
- Oncology Resources and Support
- Patient Assistance
- Peace Garden
- Pediatrics
- Planetree Caring for the Caregiver
- Prostate Cancer
- Pulmonary Rehabilitation
- R.A.F.T. - (Assistance for Transportation)
- Rooftop Art
- Safe Kids
- Sarah Slegers Nursing Education Scholarship
- Sarah's Closet
- Serenity House Alumni
- Serenity House Client GED
- Serenity House Client Resources
- Serenity House Transitional Living
- Spiritual Care/NODA
- Surgical Services



Join with other CPH caregivers who demonstrate their pride and generosity through the **"I Give One Hour"** club. All you have to do is donate the equivalent of one hour of pay or more per pay period for at least one year (*or one-time donation same amount*).

For further information, please contact the Foundation office at 907-714-4626.

The Central Peninsula Health Foundation is a 501 (c) 3 non-profit corporation and is a supporting organization for Central Peninsula Hospital. To have your name removed from mailings, please call or send your request to the address provided.