

Northwest Hospital Foundation
Employee Dollars for Scholars Campaign Gift Form
July 5-Aug 6

Employee Name _____ Employee ID Number _____

Department Name _____ Dept Mgr. _____

Home Address _____

Home Phone _____ Email _____

Donation Options:

1. **Payroll Deduction:** I would like to make my ongoing donation through payroll deduction and understand that I may discontinue my pledge at any time. I understand that if I already have an ongoing active pledge that this new pledge will replace it. If I do nothing, my former pledge will remain in effect.
Amount of deduction per pay \$ _____ Pledge takes effect next pay period.

2. **One Time Donation:** I would like to make my donation in the amount of \$ _____.
- Check (enclosed, made payable to Northwest Hospital Foundation)
 Cash
 MasterCard
 Visa
 Discover
- Credit Card Number _____ Expiration Date _____ CVV _____
Signature _____ Date _____

Designation (Please choose one):

- Medical Staff Scholarship** – For non-clinical staff enrolled in a healthcare curriculum.
 Stephen C. & Marie F. Cenedella Nursing Scholarship Fund – For nursing staff to advance their degree.
 Other _____

*If you do not designate, the gift will be designated to the Area of Greatest Need

This gift is in _____ Honor of _____ Memory of (Name) _____

Please send notification to: Name _____

Address _____

Recognition Information:

Do you want your donation to be recognized as "Anonymous"? Yes No

If not, how would you like your name to appear on official donor recognition lists? _____

If there is nothing noted here, we will recognize your gift as listed on the top of this form.

I authorize the above deduction:

Signature _____ Circle one: Mr. Ms. Miss Mrs. Dr. Date _____

*This pledge remains in effect only while you are employed at UPMC on an ongoing basis unless you make other arrangements. All payroll deduction pledges will be based on the amounts indicated on this signed pledge form. **Your gift is deductible for income tax purposes to the full extent provided by law.** You will receive a written acknowledgement for your pledge. If for some reason you wish to modify or discontinue your pledge at any time, simply notify Northwest Hospital Foundation in writing.*

Return this form to Northwest Hospital Foundation, 100 Fairfield Dr., Seneca, PA 16346 or via inter-office mail.