

AHN Employee Giving Payroll Deduction Form

Name:

Employee ID#:

E-mail:

Phone:

Street Address:

City, State, Zip:

Gift Designation: (Special Purpose Fund Name or Number)

(Ex. Employee Wellness):

PAYROLL DEDUCTION INFORMATION: (Requirement of at least \$5/pay)

Ex. Wellness Support: \$150 Total Gift Amount @ \$10 per pay = 15 pays

\$ _____ Total Gift Amount for Payroll Deduction \$ _____ Total Deducted Per Pay

Paycheck Deduction Start Date:

Paycheck Deduction End Date:

**(Enter start and end date if less than 1 year)*

***Signature (Required):**

Please return the completed form to: Yvonne.TOLOMEO@ahn.org

Questions? Contact AHN Office of Development: 412-578-4427

Your payroll deduction form will be processed by the AHN Office of Development and submitted to HR Services for payroll deduction processing and confirmation.

You will receive a tax receipt for your total charitable contribution

THANK YOU FOR YOUR SUPPORT