

**Payroll Deduction Authorization for Employee Giving**

Thank you for supporting Northwest Colorado Health with a donation via payroll deduction!

Please complete and sign the following form and return it to

[Desiree Moore](mailto:dmoore@northwestcoloradohealth.org), Development Coordinator or call 871-7607 with questions.

|  |  |
| --- | --- |
| **Employee Name** |  |
| **Employee Mailing Address** |  |
|  |  |
|  | $ Per pay period (24 total/year)=$ /year |
|  | *or* |
|  | $ One Time Donation on |
|  |  |
| **Start Date** | Next pay period or On this date |
|  |  |
| **Employee Signature** |  |
|  |  |
| **Date** |  |

* *Your deduction will automatically renew at the end of the calendar year*. You can change your donation frequency or amount at any time during the year by contacting Desiree Moore at 871-7607.
* You will receive a tax letter at the end of the year for the total amount of your contribution.

***For Office Use Only***

Development received date

Accounting received date