



Kindness  
Counts

# Employee Giving Campaign BMH Foundation Employee Payroll Deduction Donation Form

Name: \_\_\_\_\_ Lawson Employee #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Ext. #: \_\_\_\_\_

### Automatic Payroll Deduction

#### Option 1 - Bi-weekly - Recurring

Please deduct \$ \_\_\_\_\_ from each of my paychecks until further notice.

#### Option 2 - One-time donation

Please deduct \$ \_\_\_\_\_ from my paycheck. This is a one-time donation.

**We also accept cash, checks, and major credit cards.**

**Please direct my gift to:**

- Greatest Need**
- Lauren Small Children's Center/Children's Miracle Network**
- Dignity Health Infusion Center at CBCC**

Forms returned without a checked box will be directed to area of Greatest Need.

Employees can also choose to enroll in payroll deduction donations on-line through the Employee Self Service option at My Dignity Health. Please log-in to <https://goo.gl/aHfglO> Click Bookmarks and follow the links. Be sure to select Bakersfield Memorial Hospital-Foundation!

**To donate PTO,  
see the other side of  
this page for  
instructions.**

**Donor recognition:**

**Please list my/our name for recognition as:** \_\_\_\_\_

**This gift is in memory or honor of (circle one):** \_\_\_\_\_

**I/We wish to remain anonymous**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please fax, mail or deliver your form to the Foundation office in Founders Hall.

**Thank you! Donated funds are tax-deductible and benefit healthcare services at Bakersfield Memorial Hospital. Tax ID # 95-3555043.**

**In accordance with Internal Revenue Service Code Section 170 (f)(8), we do hereby state that your contribution was a cash donation and no goods or services were provided by us in return for the contribution.**



Employee Giving Campaign  
BMH Foundation

Employee PTO Deduction Donation Form

Name: \_\_\_\_\_ Lawson Employee #: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Department: \_\_\_\_\_ Ext. #: \_\_\_\_\_

**PTO Donation Election Information**

I request to make the following irrevocable PTO Donation Election to the Bakersfield Memorial Hospital Foundation. I understand that in order to donate the PTO hours elected, I must have a minimum of 120 hours remaining in my account after I make this election. If there are insufficient hours to cover my election, no donation will occur. I also understand that PTO donations are subject to all applicable payroll taxes and will be reported as wages on my IRS W-2 form in the calendar year in which the hours are donated.

**PTO Hours Donated - donations must be made in whole hour increments**

**Option 1 - Recurring PTO donation**

Please deduct \_\_\_\_\_ PTO hours from each of my paychecks until further notice.

**Option 2 - One-time PTO donation**

Please deduct \_\_\_\_\_ PTO hours from my paycheck. This is a one-time donation.

**Please direct my gift to:**

- Greatest Need**
- Lauren Small Children’s Center/Children’s Miracle Network**
- Dignity Health Infusion Center at CBCC**

Forms returned without a checked box will be directed to area of Greatest Need.

Employees can also choose to enroll in PTO payroll deduction donations on-line through the Employee Self Service option at My Dignity Health. Please log-in to <https://goo.gl/aHfglO> Click Bookmarks and follow the Employee Giving links. Be sure to select Bakersfield Memorial Hospital Foundation!

**For regular payroll deduction donations, see the other side of this page for instructions.**

**Donor recognition:**

**Please list my/our name for recognition as:** \_\_\_\_\_

**This gift is in memory or honor of (circle one):** \_\_\_\_\_

**I/We wish to remain anonymous**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please fax, mail or deliver your form to the Foundation office in Founders Hall.

**Thank you! Donated funds are tax-deductible and benefit healthcare services at Bakersfield Memorial Hospital. Tax ID # 95-3555043.**

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