



2022 EMPLOYEE GIVING PROGRAM

Name _____ Employee # _____ Dept./Unit _____
 Email: _____ Phone # _____
 Preferred Address:
 _____ Apt/Suite _____ City _____ State _____ Zip _____

I am a NEW donor I am a CURRENT donor and this is a **change** in my level of giving *or* a **change** in designation

Name as it should appear for recognition _____

Payroll deduction gift. I will contribute \$ _____ or the equivalent value of _____ hour each pay period.

One-time Contribution: \$ _____

Check payable to the *Virginia Hospital Center Foundation*
 Credit card (*complete information below*)

Please see the reverse side for important information

Designation:

<input type="checkbox"/>	Hospital's Greatest Need (Unrestricted)
	Other: _____

This is a change in designation from my previous contributions.

Credit Card Number _____ Expiration _____
 Name on Card _____ Security Code _____
 Card Address (if different from above) _____

Signature required for all gifts _____ Date: _____

Please see the reverse side for important information



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IMPORTANT INFORMATION

Payroll Deduction Gifts

For payroll deductions: There are 26 pay periods in a year. See the chart below to explore how various giving levels can be divided up. There is a \$1.00 minimum deduction per pay period.

Payroll deductions will continue until you notify Virginia Hospital Center Foundation, or when your employment with Virginia Hospital Center ends. If you are already making a contribution through payroll deduction, and you do not submit a form indicating you wish to make any changes, your contribution will continue to be deducted from your paychecks as before.

Additional Notes

By signing this form, you are authorizing designated Foundation and Payroll personnel to process and record this contribution. These staff members will not disclose confidential information to unauthorized parties.

All contributions to the Employee Giving Program are tax deductible to the fullest extent allowed by law. For annual donations of \$250 or more, the Foundation will automatically send a statement in January for tax purposes. Employees who give less than \$250 in a single year may contact the Foundation, and a tax substantiation letter can be sent out.

For a one-time gift or to set up a recurring monthly gift using your credit card, visit: vhcfoundation.com/employeegiving or you can scan the QRC below and be taken directly to the Employee Giving page of the Foundation’s website.

Return this form to:

Virginia Hospital Center Foundation, located in
Lobby C – Zone C (1701 Building – Women & Infant Health)
Email: foundation@virginiahospitalcenter.com

Contact Marshall Ginn, Senior Director of Development, with any questions at x4439 or mginn@virginiahospitalcenter.com

Gift levels by 26 pay periods

Annual gift	=	Per pay period	Annual gift	=	Per pay period
\$ 50.00	=	\$ 1.92	\$ 1,000.00	=	\$ 38.46
\$ 100.00	=	\$ 3.85	\$ 2,500.00	=	\$ 96.15
\$ 250.00	=	\$ 9.62	\$ 5,000.00	=	\$ 192.31
\$ 500.00	=	\$ 19.23	\$ 7,500.00	=	\$ 288.46
\$ 750.00	=	\$ 28.84	\$ 10,000.00	=	\$ 384.62

