

- Please continue my current payroll deduction.
- OR
- A one-time gift of \$_____ is enclosed.
- OR
- I hereby authorize Suncoast Hospice Foundation to create a recurring gift and deduct from my paycheck the sum checked below until I provide a written request to end deductions. Deductions are to begin on: Next Pay Period Another date_____

Amount deducted per pay period:

- | | |
|---|---|
| <input type="checkbox"/> \$.50/pay period (\$13/year) | <input type="checkbox"/> \$20/pay period (\$520/year) |
| <input type="checkbox"/> \$1/pay period (\$26/year) | <input type="checkbox"/> \$25/pay period (\$650/year) |
| <input type="checkbox"/> \$2/pay period (\$52/year) | <input type="checkbox"/> \$30/pay period (\$780/year) |
| <input type="checkbox"/> \$5/pay period (\$130/year) | <input type="checkbox"/> \$40/pay period (\$1040/year) |
| <input type="checkbox"/> \$10/pay period (\$260/year) | <input type="checkbox"/> Different amount per pay period_____ |

Contribution of PTO hours:

I hereby authorize a contribution of _____ hours of PTO to be deducted from my accumulated hours as a payroll deduction on _____. A contribution of PTO hours will be processed as though I were paid for the PTO hours and a deduction equal to the net amount (after Income Taxes and F.I.C.A.) will be made to the Suncoast Hospice Foundation.

Designating the use of your gift:

Your gift will enrich the lives of those served by our integrated network and will be bestowed where the needs are the greatest. However, if you would like to specify a particular affiliate or fund for your contribution, you may do so below. If you are giving to multiple members / funds please indicate the amount to be split for each payroll deduction in the spaces provided below.

- Where Needed the Most \$_____
- | | |
|--|--|
| <input type="checkbox"/> Suncoast Hospice \$_____ | <input type="checkbox"/> Empath Home Health \$_____ |
| <input type="checkbox"/> EPIC \$_____ | <input type="checkbox"/> Empath Community Health \$_____ |
| <input type="checkbox"/> Pet Peace of Mind \$_____ | <input type="checkbox"/> Suncoast Hospice Foundation Endowment \$_____ |
| <input type="checkbox"/> Hospice Wits \$_____ | |
- I would like to volunteer at a Foundation event or in the Resale Shops. Please contact me.
- I would like information on donating to the Suncoast Hospice Resale Shops. Please contact me.
- I would like information on a planned gift, including leaving Suncoast Hospice Foundation in my will.

Print Your Name: _____ Department: _____

Your Signature: _____ Date: _____

*All gifts are tax deductible to the extent allowed by law. Makes checks payable to the Suncoast Hospice Foundation. **Please retain the yellow copy for your records. Return completed form to the Suncoast Hospice Foundation, #700, or scan and email to DonorServices@EmpathHealth.org.***

Thank you for your contribution!