



Caring Together



CMHS EMPLOYEE GIVING PROGRAM

EMPLOYEE **PAYROLL DEDUCTION** PAYMENT AUTHORIZATION FORM

Yes! I would like to give through payroll deduction each pay period to Community Memorial Health System. I hereby authorize CMHS to make the following pre-tax withholdings from my payroll checks:

Employee Name _____ Preferred Shirt Size (XS-XXL): _____

Employee Number _____ Department _____

Mailing Address _____

City _____ Zip Code _____ Phone Number _____

Email Address _____

GIVING OPTIONS

Please select one:

- Community Memorial Hospital
- Ojai Valley Community Hospital

I want to withdraw (check amount) \$5 \$10 \$20 Other _____ from each pay period
(Minimum payroll deduction is \$5.00)

I want to give a one-time gift \$ _____

Please make checks payable to **Community Memorial Healthcare Foundation** or by visiting online www.CMHSEmployeeGiving.org

Signature _____

Please provide an ink signature

Date _____

Questions about the CMHS Employee Giving Program? Contact 805-948-2881 or cmhf@cmhshealth.org

Return this form to:

CMHS Inter-Office Envelope to:

Development Department/CMHF Office

Or Print, Sign, Scan & Email this form to:

cmhf@cmhshealth.org

Mail this form to:

Community Memorial Healthcare Foundation

2674 E. Main St. Suite E #210

Ventura, CA 93003

If you would like to make a change to the amount, or stop your payroll deduction, please contact the Development Office at 805-948-2881 or cmhf@cmhshealth.org.



**Community Memorial
Health System**