



NEWPORT HOSPITAL & HEALTH SERVICES

Newport School District

PAYROLL DEDUCTION FORM

For Donation to the NHHS FOUNDATION

Thank you for your donation! Please mark one of the following options and Sign/Date below.

_____ I request a deduction of \$ _____ **PER PAY PERIOD** be made as a donation to the NHHS FOUNDATION. This amount will be deducted from every paycheck I receive until such time that I change the amount or cancel the deduction by completing a new payroll deduction form and deliver it to Human Resources/Payroll.

Please apply each pay period donation to:

_____ Healthy Kids Snack Bags: Sponsor-a-Child

_____ I request a **ONE TIME ONLY** deduction of \$ _____ from my next paycheck be made to the NHHS FOUNDATION. **Pay date to be applied:** _____.

Please apply my one time donation to:

_____ Healthy Kids Snack Bags: Sponsor-a-Child

_____ I would like to **CANCEL** my current payroll deduction that has been applied as a donation to NHHS FOUNDATION.

I understand all donations made through payroll will be reported to NHHS FOUNDATION as a contribution in my name. These contributions are not tax exempt through payroll, but the NHHS FOUNDATION will provide me a receipt (by January 31 of each year) for my annual calendar year contributions for tax reporting purposes.

Please print name AND mailing address for receipt.

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Phone number

Email (optional)

SIGNATURE

Date

Note: Changes to this election require a new signed payroll deduction form.

Received by HR/Payroll: _____

Date

Initial