Cleveland Clinic Employee Payroll Donation Deduction

This form should be used to submit a request to process donations through payroll deduction.

Name: _____ _____
Last First

Address: _____
Street City State Zip

Email: _____ Phone: _____

I would like my payroll donation to support:

_____

Please choose one of the following for how the deduction should be taken.

☐ **Recurring**: Please deduct the following amount from each pay with no end date. $ _____

☐ **Pledge:**

☐ One Time Gift
Please deduct $_____ from my pay on ___/ ___/ _____ .

☐ Per Pay Donation
Please deduct $ _____ per paycheck for _____ pay periods.

I authorize the pledge amount indicated above:

Signature: _____ Employee #: _____

Additional Information

☐ I wish to designate my gift in honor/memory of: _____

☐ I wish to give anonymously

☐ I would like to be recognized (listed in Cleveland Clinic publications) as:

_____

Cleveland Clinic
GivingDoesGood

Press submit or return this form via email to piforms@ccf.org
Questions or more information: Gift Processing & Accounting
216.448.1105 or 844.394.4438