



St. Joseph's Foundation
 Barrow Neurological Foundation
 The Congenital Heart Foundation
 Members of CHFW

Employee Giving Campaign Payroll Deduct Donation Form

Please complete this form in its entirety and return it to: Office of Philanthropy, 350 West Thomas Road, Phoenix, AZ 85013. Call 602-406-1046 with questions.

By signing up for payroll deduction you understand that your gift will be divided into 26 equal payments over one year from the time this form is processed.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

E-mail: _____

Employee number: _____ Department: _____

**Your Employee ID number can be found on your paycheck. It is not the number on your ID badge.*

Amount: _____

** Please note \$9.62 per pay period is the minimum donation for payroll deduction.*

Payroll deduction (please see payroll calculator below):

Amount per pay period	\$192.30	\$96.15	\$38.46	\$19.23	*\$11.50	\$9.62
Total 1-year pledge	\$5,000	\$2,500	\$1,000	\$500	\$299	\$250

*By making a minimum payroll deduction commitment of \$11.50 per pay period you will become a member of our 115 club!

I would like my donation to benefit (please check just one):

- St. Joseph's Foundation area of greatest need
- Barrow Foundation area of greatest need
- The Congenital Heart Foundation area of greatest need
- St. Joseph's Chapel
- Other: _____

**Thank you for your gift to the Foundation.
 Your commitment to continue our 115-year legacy of philanthropy is evidenced by
 your generous contribution!**

** The Foundations do not provide goods or services in consideration for contributions via payroll deduction.