



EMPLOYEE GIVING FORM

EMPLOYEE INFORMATION

Name _____ ID # _____
Department _____ EXT _____
Mailing Address _____
City _____ State _____ ZIP _____
Phone (____) _____ ☐ Home ☐ Cell
Email _____

GIFT AND PAYMENT INFORMATION *(select one)*

☐ **One-time Gift \$** _____

☐ Check *(Payable to Foundation of Yuma Regional Medical Center)*

☐ Credit Card-Please refer to our website:
<https://secure.qgiv.com/for/employeegiving2024>

☐ **Payroll Deduction** *(All fields are required.)*

Deduct \$ _____ one-time from my paycheck.

☐ Deduct \$ _____ bi-weekly from my paycheck.

This recurring gift will continue every pay period unless changed, canceled or suspended by the donor

Payroll deduction will begin on the next pay date unless another date is indicated here: _____ / _____ / _____

Signature _____ Date _____ / _____ / _____

TRIBUTE GIVING *(optional)*

Select one: ☐ In memory of ☐ In honor of

Name of Honoree _____

If you would like an acknowledgment sent to the honoree or another person, please complete the information below.

Name(s) _____

Relationship to Honoree _____

Mailing Address _____

City _____ State _____ ZIP _____

GIFT DESIGNATION *(select one)*

Please indicate which area you would like your gift directed to. If no option is selected, your gift will be designated to the General Donation fund.

Please direct my gift(s) to:

- ☐ Area Needed Most
- ☐ Cancer Care
- ☐ Medical Education and Scholarships
- ☐ Mental and Behavioral Health
- ☐ Pediatric Oncology Support Fund
- ☐ School Health Program
- ☐ Women and Children's Health

Return your completed form *(with payment if applicable)* to:

Foundation Office

2400 S. Avenue A, Yuma 85364

foundation@yumaregional.org

p. 928-336-7045

Scan QR Code to make your gift online at:



Foundation of Yuma Regional Medical Center is a nonprofit 501(c)(3) organization. Gifts are tax deductible to the full extent of the law.