



Employee Payroll Deduction Authorization Form

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

Employee Name _____ Employee Number _____

Department _____

Building / Floor / Location _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

GIVING OPTIONS

- Community Memorial Hospital – Ventura
- Community Memorial Hospital – Ojai
- I want to withdraw \$5 \$10 \$20 \$_____ from each paycheck
(minimum payroll deduction is \$5.00)
- I want to give a one-time gift of \$_____

Please make checks payable to **Community Memorial Foundation** or **Ojai Valley Hospital Foundation** or donate online at mycmh.org/giving.

Signature _____ Date _____

Questions about the Employee Giving Program? Contact 805-948-2881 or foundation@mycmh.org.

If I Donate Through Payroll Deduction, Can I Change or Stop My Contribution?

Yes, you are free to make changes or stop your payroll deduction at any time.

Do I Need to Re-Enroll Annually?

No, your payroll deduction will continue until you notify us to make a change.

To make changes to your enrollment, contact us by phone at 805-948-2881 or email foundation@mycmh.org.

Three Ways to Return this Form

Interoffice Mail Address

Development Department/Community Memorial Foundation Office

Print, Sign, Scan & Email
foundation@mycmh.org

Mail

Community Memorial Foundation
2674 East Main Street, Suite E #210
Ventura, CA 93003

For Payroll Use Only
Ventura withholding code: 9035
Ojai withholding code: 9530