



# 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](http://mycmh.org/giving).

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Questions about the Employee Giving Program? Contact 805-948-2881 or [foundation@mycmh.org](mailto: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](mailto: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](mailto: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