



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 _____

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 pay period
(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 _____

Please provide an ink signature

**Questions about the Community Memorial Employee Giving Program?
Contact 805-948-2881 or 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 E. Main Street, Suite E #210
Ventura, CA 93003

If you would like to make a change to the amount, or stop your payroll deduction, please contact the Development Team at 805-948-2881 or foundation@mycmh.org.

For Payroll Use Only

Ventura withholding code: 9035
Ojai withholding code: 9530