

# Cleveland Clinic Employee Payroll Donation Deduction

This form should be used to submit a request to process donations through payroll deduction.

Name:    
Address:      
Email:  Phone:

I would like my payroll donation to support:

Please choose one of the following for how the deduction should be taken.

**Recurring:** Please deduct the following amount from each pay with no end date. \$

## Pledge:

Per Pay Donation  
Please deduct \$  per paycheck for  pay periods.

I authorize the pledge amount indicated above:

Signature:

Employee #:

## Additional Information

I wish to designate my gift in honor/memory of:

I wish to give anonymously

I would like to be recognized (listed in Cleveland Clinic publications) as:



Press submit or return this form via email to [piforms@ccf.org](mailto:piforms@ccf.org)  
Questions or more information: Gift Processing & Accounting  
216.448.1105 or 844.394.4438