

Cleveland Clinic Employee Payroll Donation Deduction

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

Name:

Last

First

Address:

Street

City

State

Zip

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:

One Time Gift

Please deduct \$

from my pay on / / .

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: