



Cleveland Clinic
Martin Health Foundation

Caregiver Giving Program
PTO Donation Form

Name:		Employee ID:	
Email Address:		Phone Number:	
Hospital/Institute:		Department:	
Please direct my gift to:			
Caregiver Hardship Fund			
Caregiver Catalyst Grants			

1. I am an active full-time caregiver and wish to donate accrued PTO hours to the Caregiver Fund as indicated below:

PTO hours: _____ (minimum 4 hours)

2. I confirm that this donation will not cause my PTO balance to fall below forty (40) hours.
3. I understand that minimum amount must be at least 4 hours.
4. I am donating these hours freely and have not been forced or coerced into doing so.
5. I understand that I will be taxed on the gross donation and regular deductions will be taken.

Signature: _____

Date: ____/____/____

Thank you for your donation!

Please send completed forms to MH-AskHr@ccf.org