



# Community of Caring

## Payroll Deduction Authorization

Please Return this form to Bozeman Health Foundation, Suite 3200

Name: (if recognized, your name should appear) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_

Spouse Full Name (for recognition): \_\_\_\_\_

**Yes! I am proud to join my colleagues in supporting the mission of  
Bozeman Health and Bozeman Health Foundation.**

### GIFT DESIGNATION

- Employee Emergency Fund
- Greatest Need
- Other (department of choice) \_\_\_\_\_

- NEW! Bozeman Health Power of 1 Club** - Contribute 1 hours wages per month.

*\*The equivalent of half this hourly rate will be deducted from 26 paychecks. Please notify us if you wish to make a change.*

### PAYMENT METHOD

- Cash/Check Enclosed \$ \_\_\_\_\_ (Please make checks payable to Bozeman Health Foundation)

- Credit Card Contribution \$ \_\_\_\_\_ (\$25 minimum contribution)

VISA       MasterCard       Discover

Card Number \_\_\_\_\_ CVC Code \_\_\_\_\_ Expiration \_\_\_\_ / \_\_\_\_

- Bozeman Health Payroll Deduction (\$5 minimum contribution each pay period)

Amount of Each Deduction:     \$5     \$10     \$25     \$50     \$100     Other \$ \_\_\_\_\_

Length of time:             One Deduction     One Year     Ongoing     Other \_\_\_\_\_

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

*Signature authorizes all transactions specified above.*