



**Tallahassee Memorial HealthCare Colleague Payroll Deduction Form**  
**Your ongoing gift provides vital support for TMH programs that positively impact lives.**  
**There are many ways to give. Select the option(s) below that is best for you.**

**Payroll Deduct**

Start a New Deduction  
 Replace Existing Deduction

Deduct bi-weekly amount of:  
 \$5 \_\_\_\_ \$10 \_\_\_\_ \$15 \_\_\_\_  
 \$20 \_\_\_\_ \$30 \_\_\_\_ \$40 \_\_\_\_  
 Other \$ \_\_\_\_

**DO NOT SEND TO PAYROLL.** Interoffice mail to "TMH Foundation" or fax to 431-4483. You can also scan this form and email to [foundation@tmh.org](mailto:foundation@tmh.org).

**Your Information**

Employee ID# \_\_\_\_\_ Prefix: \_\_\_\_\_

Legal Name: \_\_\_\_\_

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

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

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

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

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

**Check**

Make payable to: TMH Foundation

Mail To: 1331 East 6<sup>th</sup> Ave., Tallahassee, FL 32303

**Credit Card**

Deduct:  Biweekly /  Monthly /  One-time Gift of:

\$5 \_\_\_\_ \$10 \_\_\_\_ \$15 \_\_\_\_  
 \$20 \_\_\_\_ \$30 \_\_\_\_ \$40 \_\_\_\_

Other \$ \_\_\_\_

Name on card: \_\_\_\_\_

Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code (required): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Gift Designation**

Please list below how you would like to allocate your donation:

Clinical Education \$ \_\_\_\_

Areas of Greatest Need \$ \_\_\_\_

Other (Please Designate Below):

\_\_\_\_\_

\_\_\_\_\_