TFHS Team Member *Giving* Form

Your contributions, no matter how big or small, make a difference. Your ongoing support of the Tahoe Forest Health System Foundation and the Incline Village Community Hospital Foundation is truly appreciated. Your gift will help guarantee that our communities will always have access to high-quality care.

Donor Information

◯ Mr. ◯ Mrs. ◯ Ms. ◯ Dr.

Name (please print): _____ Employee #: _____

Facility: _____ Department: _____

Mailing Address: _____ City: _____

State: _____ ZIP Code: _____ Email Address: _____

Gift Options

☐ Please accept my gift of ◯ $5 ◯ $10 ◯ $20 ◯ $40 ◯ Other _____ through payroll deduction on the following date: _____ ***(Amount will be deducted each pay period)***

☐ Please accept my one-time CHECK donation in the amount of $ _____ . Make checks payable to Tahoe Forest Health System Foundation (TFHSF) or Incline Village Community Hospital Foundation (IVCHF).

☐ Please accept my one time donation of PL for _____ hours.
Please see PL Donation Form for more information.

☐ Please accept my one-time or recurring credit card gift by scanning the QR code.

Gift Designation

◯ Tahoe Forest Health System Team Member Fund

◯ Incline Village Community Hospital Team Member Fund

◯ Other: _____

(Visit tfhd.com/giving and tfhd.com/ivch/giving for giving options)

I authorize Tahoe Forest Health System to deduct my designated gift amount from my paycheck each pay period. I understand that any adjustments to my payroll deduction must be submitted in writing.

Signature: _____ Date: _____

Thank you for your support! Both Foundations are 501(c)(3) organizations and your donation* is tax deductible as it pertains to the tax laws.

Please return your completed forms to Christina Sellers, Donor Relations Coordinator, at **csellers@tfhd.com**.

** The donation is neither solicited, nor offered, in any manner that takes into account the volume or value of referrals or other business generated between the physician and the entity. Your generous ongoing contribution will continue unless you contact the Foundation to request a change.*