

Payroll and one-time gifts

2023 Employee Giving Campaign

Please return completed form by December 8

1. EMPLOYEE INFORMATION *(Please print clearly)*

You may also complete this form on the KNET.

Name: _____

Email Address: _____@nwkidney.org Work Phone: _____

Home Address: _____ Location/Department: _____

2. DONATION TYPE: There's more than one way to donate! Your gifts are tax-deductible to the extent allowed by law.

Payroll Deduction

I understand my pledge will be deducted from each paycheck, beginning in January 2024. I may change or terminate my pledge by notifying NKC Development Staff in writing; otherwise, my pledge will automatically renew at the same amount each year.

Donation of PTO Hours* – up to 100 hours

Deduction will be made when form is received.

**Please also complete form on back of this page.*

Personal Check:

NKC: check payable to Northwest Kidney Centers

Credit Card

Visa MasterCard AmEx Discover

Acct #: _____

Exp. Date: _____

Name on Card: _____

Signature (req. for CC): _____

3. GIFTING OPTIONS: Complete the section below to indicate your gift designation(s). Payroll donations will be deducted in equal amounts over 26 paychecks in 2024.

Quick option: \$10 per pay period to support **Greatest Need** (\$260 per year)



Yes, I want to give to Northwest Kidney Centers!

I am a new donor

I currently give through payroll deductions. Changes to my gift are indicated below.

I wish to support	*PTO Donation (# of Hours)	Annual Payroll Deduction	OneTime Donation
Employee scholarship fund	hrs	\$	\$
Employee helping hand fund <i>(emergency funds for employees)</i>	hrs	\$	\$
Where the need is greatest	hrs	\$	\$
Emergency transportation	hrs	\$	\$
Kidney palliative care	hrs	\$	\$
Uncompensated dialysis	hrs	\$	\$
Other:	hrs	\$	\$

**PTO donation form found on reverse.*

4. SIGNATURE *(required)* _____ Date ____/____/____

RETURN COMPLETED FORM TO:

Interoffice: Iris Calpo - Development - Burien Pavilion

Email: Iris.Calpo@nwkidney.org

NEED MORE INFORMATION? Email jacqui.weber@nwkidney.org



PTO Donation Form



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REQUEST TO DONATE PTO HOURS TO NORTHWEST KIDNEY CENTERS

I, _____
Employee Name (please print)

Request to donate: 10 Hours 20 Hours 30 Hours 40 Hours 50 Hours
 60 Hours 70 Hours 80 Hours 90 Hours 100 Hours

of my available Paid Time Off (PTO) hours* in lieu of taking these hours as paid time off.

By signing this form, I acknowledge that I have **at least 40 hours remaining in my PTO balance after this donation**, per the PTO donation policy (HUMAN RESOURCES POLICY HRP-T549).

This is a **one-time, tax-deductible donation** made during the 2023 Employee Giving Campaign. Your PTO gift will be deducted within the pay period in which this form is received. A receipt will be emailed to you from the Development office detailing the after-tax value of the donated PTO hours.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Payroll Signature: _____ Date: _____

**PTO donations are only eligible for gifts to Northwest Kidney Centers.
They are not eligible for donations to organizations other than Northwest Kidney Centers.*

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Interoffice: Iris Calpo - Development, Burien Pavilion
Email: Iris.Calpo@nwkidney.org

NEED MORE INFORMATION? Email jacqui.weber@nwkidney.org

THANK YOU FOR YOUR SUPPORT!

