

Payroll and one-time gifts



2021 Employee Giving Campaign Please return completed form by December 10.

1. EMPLOYEE INFORMATION *(Please print clearly)*

You may also access the digital enrollment form on the KNET and submit via email to dan.oconnor@nwkidney.org.

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 2022. 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.



Support 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
Where the need is greatest	hrs	\$	\$
Employee helping hand fund <i>(emergency funds for employees)</i>	hrs	\$	\$
Charity care	hrs	\$	\$
Kidney research	hrs	\$	\$
Employee scholarship fund	hrs	\$	\$
Kidney palliative care	hrs	\$	\$
Other:	hrs	\$	\$

**PTO donation form found on reverse.*

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

RETURN THIS FORM VIA

Interoffice Mail – Dan O'Connor: Development - Burien Pavilion

Postal Mail – P.O. Box 3035, Seattle, WA 98114

NEED MORE INFORMATION?

Contact Dan O'Connor at 206-720-8514

or dan.oconnor@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 2021 Employee Giving Campaign. Your PTO gift will be deducted within the pay period in which this form is received. A receipt will be mailed to you from the Development office in January 2022 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 and other Northwest Kidney Centers employees. They are not eligible for donations to organizations other than Northwest Kidney Centers.*

THANK YOU FOR YOUR SUPPORT!

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