

# 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](mailto: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.

**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): \_\_\_\_\_

**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.

**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](mailto: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!

#### RETURN THIS FORM VIA

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

#### NEED MORE INFORMATION?

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