



# Singing River Foundation

*Supporting a Healthier Coast*

## Payroll Deduction Authorization Form

### Required Information

Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

By signing below, I authorize Singing River Health System to deduct \$ \_\_\_\_\_ every pay period.

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

- I wish to have my gift remain anonymous.
- I am interested in volunteering for Foundation events.

## Thank you for supporting a healthier Coast!

Please email completed form to [SingingRiverFoundation@mysrhs.com](mailto:SingingRiverFoundation@mysrhs.com).

Singing River Health System Foundation is a registered 501 (c)(3) organization with a tax identification number of 64-0864350. All gifts to Singing River Health System Foundation are tax deductible to the full extent allowed by law.