



## Voluntary Payroll Deduction Authorization Form for contribution to The Portland Clinic Foundation 501(c)(3)

### *Personal & Confidential*

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Home Address      Apt/Unit #

\_\_\_\_\_  
City      State      Zip

Employee Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Effective Date for Deduction: \_\_\_\_\_

Amount Per Pay Period \$ \_\_\_\_\_

Or

Fixed % Per Pay Period % \_\_\_\_\_

I hereby authorize The Portland Clinic LLP to make the above deductions from my pay for remittance to The Portland Clinic Foundation 501(c)(3). I understand and agree that this voluntary charitable donation shall remain in effect until the end of my employment or I give written notification to cancel the deduction. I further understand and agree that deductions will be made after any federal or state requirements.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return form to Tonya Wheeler, Controller at 1221 SW Yamhill St, Ste. 400, Portland, OR 97205 or fax to (503) 525-5218.

The Portland Clinic Foundation is a nonprofit 501(c)(3). You will receive a year-end statement showing your total contribution for the year and that will serve as your tax donation receipt. **100% of your contribution will go to support the Foundation's grantmaking program to the Portland area nonprofits.**