

Payroll Deduction Application

Payroll Deduction will begin in the next full pay period

Recurring Gift:

Please continue until notified by me.

- \$5 per pay period
- \$10 per pay period
- \$15 per pay period
- \$____ per pay period (custom amount)
- \$____ one time gift

Please designate my gift:

- Area of Greatest Need
- Cancer Care
- Children's Health
- Compass Care
- Healthy Yakima

Name _____

Address _____

City/State/Zip _____

Email Address or Phone Number _____

Signature _____

By signing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature.

Lists of donors are published throughout the year as a public thank you. Do we have permission to use your name in this manner?

- Yes, It's okay to publish my name
- No, I prefer to be anonymous

*Donations to the Memorial Foundation are Tax deductible to the extent allowed by law

Email completed application to give@memfound.org