



**CHW Foundation**

*East Valley*

**Workplace Appeal  
Employee Payroll Deduct Donation Form**

Fill out and E-mail to [joanne.gill@chw.edu](mailto:joanne.gill@chw.edu).

Name:

Address:

City:

State

Zip:

Home Phone:

Work Phone:

E-mail:

Employee Number:

Department:

Amount: \$\_\_\_\_\_

Payroll Deduction (*see payroll calculator below*)

Please deduct \$ \_\_\_\_\_ per pay period for \_\_\_\_\_ pay periods beginning on \_\_\_\_\_ (start date).

**Payroll Calculator**

Amount per Pay Period	\$192.30	\$96.15	\$38.46	\$19.23	\$9.62	\$3.85
Total 1-Year Pledge	\$5,000.00	\$2,500.00	\$1,000.00	\$500.00	\$250.00	\$100.00

PTO Deduction

Please deduct \_\_\_\_\_ hours of PTO beginning immediately.

Comments:

Thank you for your gift to the CHW Foundation – East Valley.

Your commitment to improve the health of our community

is evidenced by your generous contribution.

**CHW Foundation – East Valley**

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