



PTO DONATION FORM

Name: _____
(Please Print)

Employee I.D. #: _____ Department ID & Name: _____

Mailing Address: _____

City: _____ State: ____ Zip: _____ Work extension: _____

I wish to donate _____ hours of PTO

Income taxes will be deducted from your total PTO donation. We will send you an acknowledgment letter with the converted net donation amount. Your gift will be placed in a fund that can be immediately accessed. If one is not available, it will be placed in a corresponding endowed fund.

Please designate my gift for:

- _____ Employee Emergency Fund
- _____ Blume Pediatric Hematology and Oncology Clinic
- _____ Buddy Kemp Caring House
- _____ Community Care Cruiser Fund
- _____ Cancer Center
- _____ Cardiovascular Institute Fund
- _____ Hemby Children's Hospital Fund
- _____ Harris Hospice
- _____ Huntersville Hospital Fund
- _____ Matthews Hospital Fund
- _____ Orthopaedic Hospital Fund
- _____ Unrestricted
- _____ Other _____

Signature: _____ Date: _____

Should you have any questions, please call the Foundation at 704.384.4048.

You may return completed and signed form to Margaret Whitaker,
Donor & Financial Services Coordinator, Presbyterian Hospital Foundation. Thank You!
Fax 704.316.8219 or mwhitaker@novanthealth.org