



Payroll Deduction Form

Name:				
Home Address:				
City, State, Zip:				
Department Name:				
Employee Number:				
Campus:	<input type="checkbox"/> HH	<input type="checkbox"/> LW	<input type="checkbox"/> BH	<input type="checkbox"/> Tech Center

I would like to support Truman Medical Centers by making a donation through payroll deduction

Start Date: _____

End Date: _____

Amount per pay period _____

Total Amount of Donation: _____

This donation is to support: _____

Please deduct this donation along with my current Proud to be Truman pledge, if applicable

Signature: _____ **Date:** _____

THANK YOU!

Please return to **TMC Charitable Foundation** through interoffice mail or fax to (816) 404-3442.

Questions? Call us at (816) 404-3430.