



# EMPLOYEE GIFT AGREEMENT

Thank you for choosing to make a gift. The purpose of this agreement is to summarize the mutual understanding of Donor/ Employee, Cape Cod Healthcare Foundation and Cape Cod Healthcare regarding a charitable contribution. This gift agreement may be amended at any time by written agreement signed by each party.

## My Information:

My Name \_\_\_\_\_

### I work at:

- Cape Cod Healthcare
- Cape Cod Hospital
- Falmouth Hospital
- VNA of Cape Cod
- JML Care Center
- CCHC Lab Services
- MACC
- Cape Cod Human Services
- Heritage
- Other: \_\_\_\_\_

My Department \_\_\_\_\_

Title \_\_\_\_\_

Phone/Extension \_\_\_\_\_

Email \_\_\_\_\_

## Select the following payment option for your Annual Giving Unrestricted Gift:

- Payroll Deduction Please deduct \$ \_\_\_\_\_ per pay period for a total contribution of \$ \_\_\_\_\_  
I am paid  Weekly  Biweekly
- Payroll Deduction Please deduct \$ \_\_\_\_\_ per pay period until further notice.  
I am paid  Weekly  Biweekly
- Outright Gift Enclosed please find my outright cash gift in the amount of \$ \_\_\_\_\_
- Vacation Hours Please deduct \_\_\_\_ vacation hours for an approximate total contribution of \$ \_\_\_\_\_

## Select who you wish to support:

- Cape Cod Healthcare  Cape Cod Hospital  Falmouth Hospital  Heritage  JML Care Center  VNA

## Planned Gifts:

Planned gifts can provide lifetime income. Check here if you'd like more information.

## Recognizing your gift:

For recognition purposes, please print exactly how you would like your name to appear in publications or select anonymous.

Anonymous

Recognition Salutation \_\_\_\_\_

## Signature:

This signed gift agreement will be made part of Cape Cod Healthcare Foundation's permanent records and is intended to serve as a guide to those who will administer these funds in the future.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return original signed and dated Gift Agreement to Cape Cod Healthcare Foundation, Post Office Box 370, Hyannis, MA 02601 or email to Wendy DeCicco at [wdecicco@capecodhealth.org](mailto:wdecicco@capecodhealth.org). For any questions call 508-862-5618.

Cape Cod Healthcare Foundation represents that it is qualified as a charitable organization and a 501(c)(3) non-profit public health benefit organization. Tax ID: 04-3475950. You will receive a written acknowledgement of your donation for tax purposes.