

**HEALING HAND FOUNDATION**  
**Employee Payroll Deduction Form**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_  
Email: \_\_\_\_\_

**Employer:**  
 SEARHC  
 CCTHITA  
 THRHA  
 Sealaska  
 Goldbelt

**Payroll Deduction:** I authorize my employer to deduct:  
 \$5  \$10  \$15  \$20  \$25  Other \$\_\_\_  I would like to keep my donation anonymous.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*To complete enrollment, email form to Payroll, or if SEARHC employee, [kristinm@searhc.org](mailto:kristinm@searhc.org) – thank you!