

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 \$____ every pay period (26 pay periods), or ____ times per year.
 \$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 – thank you!