



HEALING HAND FOUNDATION

Employee Payroll Deduction Form

Name: _____ [] SEARHC
Address: _____ [] CCTHITA
_____ [] THRHA
Phone: () _____ [] Sealaska
Email: _____ [] Goldbelt

Payroll Deduction: I authorize my employer to deduct \$ _____ every pay period, 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!