



100 Hospital Avenue, PO Box 447
DuBois, Pennsylvania 15801
Telephone 814-375-3901
Fax 814-375-7676

Payroll Deduction Form

Please complete and submit this form to Fund Development via inter-office mail or by scanning it to phhfunddevelopment@phhealthcare.org.

Name _____

Address _____

City, State, ZIP _____

Cell Phone _____

Employee Number _____

Department _____

Fund Designation _____

If no fund is listed your gift will be designated to the area of greatest need

My Total \$ _____ **# of pays:** _____

☐ **Please check box if you are a Corporate Employee**

Signature _____