

Baptist Memorial Health Care Foundation
Personal Time Off (PTO) Donation Authorization Form

Employee Name Last 4 of SSN#

Street Address City State Zip

Phone Baptist Entity

Pledge Information:

_____ PTO hours to be deducted

Please mark your fund designation(s) below.

- | | | | |
|--------------------------|--|--------------------------|------------------------------------|
| <input type="checkbox"/> | Making a difference where the need is greatest | <input type="checkbox"/> | Patient Assistance |
| <input type="checkbox"/> | Baptist Trinity Hospice | <input type="checkbox"/> | Employee Emergency Assistance |
| <input type="checkbox"/> | Baptist Reynolds Hospice House | <input type="checkbox"/> | Friends of Nursing |
| <input type="checkbox"/> | Priceless Wishes for Hospice Patients | <input type="checkbox"/> | Baptist College of Health Sciences |
| <input type="checkbox"/> | Kemmons Wilson Family Center for Good Grief | <input type="checkbox"/> | Baptist Memory Care Center |
| <input type="checkbox"/> | Spence and Becky Wilson Baptist Children's Hospital | <input type="checkbox"/> | Baptist Centers for Cancer Care |
| <input type="checkbox"/> | Neonatal Intensive Care Unit (NICU) | <input type="checkbox"/> | Baptist Heart Institute |
| <input type="checkbox"/> | Pediatric Intensive Care Unit (PICU) | <input type="checkbox"/> | Other: _____ |
| <input type="checkbox"/> | Matthew Hindman Fund (patient assistance for children and adolescents) | <input type="checkbox"/> | The hospital where I work: _____ |

I authorize my Personal Time Off (PTO) hours to be deducted from my current available balance. The cash value (**number of hours x hourly rate of pay minus taxes**) of my donation is to be donated to the Baptist Memorial Health Care Foundation as I have designated. I am aware that the PTO donation will be deducted as a payroll deduction, and **I must retain 40 hours of PTO to make the donation valid.**

I understand that I have donated these PTO hours to the Baptist Memorial Health Care Foundation and that they are no longer available for my personal use.

Employee Signature Date

Please contact Melissa Lewis at (901)227-7241 or melissa.lewis@bmhcc.org with questions.

Thank you for your pledge. Your contribution really does make a difference!