



EMPLOYEE GIVING FORM

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Campus: _____ Department: _____ Work Phone: _____

Please direct my contribution to the following. You may give any dollar amount (minimum amount \$1) to as many funds as you wish.

- \$_____ **Aging Respectfully Fund** benefits all residents at the campuses in Springfield, Waterville and Medina. Support aids resident activities and smaller capital improvement projects.
- \$_____ **Employee HOPE Fund** provides limited financial assistance to eligible employees who are experiencing economic hardship due to certain emergency situations.
- \$_____ **Masonic Care Fund** assists worthy and distressed Master Masons and their families living at home through the Ohio Masonic Home Resource Center or on one of the three Ohio Masonic Home campuses.
- \$_____ **Memory Care Fund** supports caregiver education, enhanced programming and provides tools and resources to aid in the care of our residents with Alzheimer's, dementia and brain injury.
- \$_____ **OMH Scholarship Fund** awards scholarships to eligible worthy Master Masons, their wives, children or grandchildren in support of their pursuit of an undergraduate degree.

I am making my gift via:

☐ **One-Time Contribution:** ☐ Cash ☐ Check (made payable to *Ohio Masonic Home Foundation*)

☐ **Credit Card:** Account #: _____

Expiration Date: _____ Security Code: _____

☐ **Payroll Deduction: Total Amount Deducted per Pay Period \$** _____

- ☐ New – I am not currently giving through payroll deduction.
- ☐ Add – I have existing deduction(s) and I want to ADD the new deduction(s) indicated above to those.
- ☐ Replace – I have existing deduction(s) and I want to REPLACE them with the new deduction(s) above.
- ☐ Cancel all of my current employee gift deduction(s).

Payroll Deduction Authorization (Required)

I hereby authorize Ohio Masonic Home to deduct the amount indicated above beginning with my next pay period. I understand that my ongoing payroll deduction(s) will continue until I change or terminate my deduction(s) by submitting the form.

Signature: _____ **Date:** _____

Send completed form to OMH Foundation via: interoffice envelope; mail to OMH Foundation, 2655 W National Rd, Springfield, OH 45504; scan and email to cspencer@ohiomasonichome.org; give to your HR representative; or complete the form online at ohiomasonichome.org/valentinesday. If you have any questions, please call (888) 248-2664.