



## CO-WORKER GIVING FORM

### DONOR INFORMATION

Mr. Mrs. Ms.

Co-worker Name \_\_\_\_\_ Home Address \_\_\_\_\_

Co-worker ID Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Department \_\_\_\_\_ Preferred Telephone \_\_\_\_\_

Preferred Email \_\_\_\_\_

### SELECT A DONATION OPTION

- A.  I authorize UNC REX Healthcare to deduct the following amount per pay period (based on 26 pay periods):
- Rex Society (\$1,000 and up)
  - \$38.47 per pay period (\$1,000/year)
  - Other: \$ \_\_\_\_\_ per pay period (x26= \$ \_\_\_\_\_/year)
- C.  I authorize UNC REX Healthcare to do a one-time payroll deduction for the following amount \$ \_\_\_\_\_
- D.  My gift is enclosed in the amount of \$ \_\_\_\_\_
- Cash
  - Check (made payable to Rex Healthcare Foundation)
  - Credit Card (call Foundation office at 919-784-4424)
- B.  I authorize UNC REX to deduct the following number of hours from my paid time off (PTO) bank: \_\_\_\_\_ hours

### DESIGNATE YOUR GIFT

Please select a fund where you would like your gift to go. If no fund is specified, your gift will be designated to the area of greatest need.

- Unrestricted – Where the Need is Greatest!
- Cancer Center Angel Fund
- Cancer Center Kidscan! Program
- Food Pantry
- Labyrinth
- Other: \_\_\_\_\_
- Nursing Excellence Fund
- Outdoor Learning Space at REX Child Dev. Ctr.
- Patient Assistance Fund
- Pink Ribbon Fund

### SIGNATURE

Your signature is required to authorize payroll deduction.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your support! Your donation is tax deductible. You may change or stop payroll deduction anytime with a written request to the Foundation. Recurring payroll deductions will continue unless cancelled in writing, including through final pays should employment be terminated. Physicians are not able to donate PTO. Co-worker PTO donations require a minimum balance of 40 hours in PTO bank, and are tax deductible in their net amount (gross amount minus taxes). PTO donations may take up to two pay periods to be deducted and show changes in your PTO bank.

Questions? Call Rex Healthcare Foundation at (919) 784-4424 or email [rex.foundation@unchealth.unc.edu](mailto:rex.foundation@unchealth.unc.edu)  
Rex Healthcare Foundation | 2500 Blue Ridge Road, Suite 325, Raleigh, NC 27607 | Fax (919) 784-4481

Please send me information about including the Rex Healthcare Foundation in my will or estate plan.

Copy to Rex Healthcare Foundation  
Pay Code: RF01 (Per Pay Period) – RF1T (1x)  
PPay Ck: RexFDDon