



Payroll Donation Form

The Ardent Cares Foundation (ACF) was established in 2018 to provide monetary support to team members for eligible medical, funeral, emergency travel and natural disaster expenses. Payroll donations make it simple for Ardent employees to fulfill our purpose of caring for one another. For more information about the foundation, visit ardentcares.com.

Please complete the information below to donate to the foundation via payroll deduction:

Employee Name:

Employee ID:

Department:

Phone Number:

Select one of the following options:

☐ **One-Time Gift**

I authorize the deduction of ____ on my next paycheck as determined by the payroll schedule. This deduction will be based in the current calendar year for tax purposes.

☐ **Pay Period Deduction** *(subject to annual renewal on January 1 and each calendar year)*

I authorize the deduction of _____ on my scheduled pay date to stop at the end of the calendar year. This deduction will be based on the next calendar year for tax purposes and total donation for the year may be less if a paycheck is not received.

☐ **Pay Period Deduction Starting January 1, 2026 and Continuing Year-Over-Year Until Canceled**

I authorize the deduction of _____ on my scheduled pay date until I notify the payroll department of a date the deduction should end.

I understand that my donation will be subject to federal and state income tax withholdings.

I also understand that my donation will be reported to me on my Form W-2 as taxable wages donated to the Ardent Cares Foundation, a federally tax-exempt charity, and I am eligible to claim the donation as a charitable donation on my tax return.

I acknowledge and understand that contributing to the Ardent Cares Foundation does not constitute a guarantee of my employment and/or alter my at-will employment status with Ardent Health Services.

Donor Signature: _____
(Required)

Date: _____