



Ardent Cares Payroll Donation Form

The Ardent Cares Foundation has been established to provide monetary support to team members in times of crisis and natural disasters.

Through your generous donations, Ardent employees facing emergency hardship can receive help with housing, medical bills and so much more.

Donor Employee Name _____ **Department** _____

Donor Employee Number _____ **Contact Phone Number** _____

Payroll Deduction

One-time Gift

- I would like to contribute a one-time gift in the amount of \$ _____ to the Ardent Foundation and I authorize this amount to be deducted on my next pay date or on my next pay date to be determined by Payroll.

Pay Period

- I would like to contribute the following amount \$ _____ each pay period. I receive my pay check _____ Every two weeks or Monthly _____ (select which option is applicable).

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 will be 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: _____ Date: _____

This form is to be maintained in the donating employee's Personnel Record.

ONCE YOU HAVE COMPLETED THIS FORM, PLEASE SAVE TO YOUR COMPUTER AND EITHER PRINT OR SAVE AS A PDF FILE AND EMAIL TO YOUR HR/PAYROLL DEPARTMENT (CORPORATE EMPLOYEES EMAIL TO: CORPORATEPAYROLL@ARDENTHEALTH.COM)