



Capital Campaign for Surgical Services & Critical Care

Community & Transformation. Here.

PTO Donation Form for:

EMPLOYEE NAME (please print) : _____

I hereby authorize my employer, Rome Health, to deduct from my paycheck the amount of PTO hours needed to fulfil my pledge in support Rome Health Foundation's Campaign for Surgical Services.

Total number of hours to donate per year: _____

Year of Donation: _____

Please check one option:

- Donate exact amount of PTO hours noted above.**
- Adjust hours donate to fulfil donation of: \$** _____

Employee Signature

Date

Employee Number

Interoffice mail to Foundation Office or Scan and return to Foundation@romehealth.org