



2024 Seeds of Generosity Form

June 17, 2024 - July 25, 2024

Name: _____ Employee Number: _____

Department: _____ Phone: _____ Email: _____

Address: _____

**For donation receipts.*

City, State: _____ Zip: _____ T-Shirt Size: _____

You never know how far your seeds will go.

Anonymous Donation. I wish to not have my name listed on any donor recognition materials.

I would like to make a pledge:

Payroll Deduction: \$ _____ per pay period

PTO Donation: One time gift of _____ hours.

**\$40 per pay period = \$1,040/year*

**Minimum of 10 hours*

**\$20 per pay period = \$520/year*

**\$10 per pay period = \$260/year*

\$5 per pay period = \$130/year

**Comes with a t-shirt and the option to wear jeans or department scrubs on Fridays!*

I authorize the payroll deduction/PTO donation above beginning August 1, 2024. I understand that I may change or revoke this authorization at any time by providing written notice to the Development Department.

Employee Signature

Date

Contribution by Cash, Check, and/or Credit Card

Amount: \$ _____ **One-Time** **Monthly:** beginning on ____/____/____ ending on ____/____/____

Check **Cash** **Credit Card:** Visa MasterCard Discover Amex

**Please make checks payable to OakBend Medical Center.*

Card Number: _____

Exp. Date: _____ Security Code: _____

Name on Card: _____

Cardholder's Signature

Date

Development Department

1705 Jackson Street
Richmond, TX 77469
development@obmc.org
(281) 341-2014

oakbendmedcenter.org/employee-giving

Please return this completed form along with payment to OakBend Medical Center Development Department.

OakBend Medical Center is a 501(c)(3) organization operating under the Federal Tax Identification Number 76-0339462.

Contributions are tax deductible as prescribed by law.