



## EMPLOYEE GIVING SELECTION FORM

REQUIRED EMPLOYEE INFORMATION - Please Print Clearly

|                                |            |
|--------------------------------|------------|
| NAME (Last, First, MI)         | WORK PHONE |
| WORK OR PERSONAL EMAIL ADDRESS | DEPARTMENT |

**PAYMENT AUTHORIZATION (REQUIRED)**

I have read and fully understand The Ohio Masonic Home Foundation Employee Giving Selection Form and how charitable payroll deduction works. I hereby authorize The Ohio Masonic Home to deduct the amount indicated beginning with my next pay period provided that the amount deducted will be in unrestricted support of the organizations as specified below. I understand that my ongoing payroll deductions will continue until I change or terminate my deductions by resubmitting the form.

|                    |                   |
|--------------------|-------------------|
| REQUIRED SIGNATURE | DATE (mm/dd/yyyy) |
|--------------------|-------------------|

**I AM MAKING A GIFT VIA PAYROLL DEDUCTION:**

Complete the field(s) below by selecting the cause(s) and the amount to be deducted per pay period. You may give any dollar amount (minimum amount per pay period: \$1) to as many causes as you wish.

| *DESIGNATED CHARITABLE CAUSE (REQUIRED)      | AMOUNT   |
|--|----------|
| Masonic Care                                 | \$ _____ |
| Aging Respectfully                           | \$ _____ |
| Memory Care                                  | \$ _____ |
| OMH Scholarship Fund                         | \$ _____ |
| Employee HOPE (Helping Our People Every day) | \$ _____ |
| Total Amount Deducted Per Pay Period         | \$ _____ |

**SELECT ONLY ONE (REQUIRED TO BEGIN, ADD, REPLACE OR CANCEL Payroll Deductions):**

- NEW - I do not currently have payroll deductions in place.
- ADD - I have existing deductions and I want to ADD the new deductions indicated above to those.
- REPLACE - I have existing deductions and I want to REPLACE them with the new deductions indicated above.
- CANCEL all of my current employee gift deductions entirely (removes the entire payroll deduction gift amounts).

Send completed form via Interoffice to Foundation Office-Bushnell Hall or via USPS to OMH Foundation, 2655 W National Rd, Springfield, OH 45504-3658

Description of Charitable Causes:

- **Masonic Care** – Charitable relief fund designed to assist worthy and distressed Master Masons and their families living at home through the Ohio Masonic Home Resource Center or on one of the three Ohio Masonic Home campuses. How they want; where they want.
- **Aging Respectfully** – Dollars raised for this fund are designated for enhancements to benefit all residents at the campuses in Springfield, Waterville and Medina. Support will aid resident activities and smaller capital improvement projects.
- **Memory Care** – Fund created to support caregiver education, enhance programming and provide tools and resources that aid in the care of our residents with dementia.
- **OMH Scholarship Fund** – Upon approval, a sub-committee distributes scholarships annually to students from an OMH donor designated endowed fund to worthy Master Masons, their wives, children or grandchildren in support of their pursuit of a higher degree or certification.
- **Employee HOPE** – Provides limited financial assistance to eligible employees who are experiencing economic hardship due to certain emergency situations. This fund is sustained by contributions from OMH employees and serves as an extension of the values and mission of the Ohio Masonic Home.