



S K Y L I N E
F O U N D A T I O N

PO BOX 1625
WHITE SALMON, WA 98672
509.637.2602

**Skyline Hospital
Employee Donation Form**

I would like to donate to the Skyline Foundation. I understand that all donations to the Skyline Foundation are tax deductible.

- Please deduct _____ from each paycheck.
- I would like a one-time deduction of _____.

Name (please print)

Signature

Date

- I would like Skyline Foundation to keep me informed of their events and programs.

Home Address _____

City, State ZIP _____

Phone _____

Email _____