



**PRAIRIE LAKES**  
Healthcare Foundation



**Prairie Lakes Healthcare Foundation Mission**

Healthcare is a vital component of a community's quality of life. Prairie Lakes Healthcare Foundation exists to raise funds with which to support and advance the healthcare services through Prairie Lakes Healthcare System.

**PAYROLL DEDUCTION FORM**

Prairie Lakes Healthcare Foundation  
401 9<sup>th</sup> Avenue NW, Watertown, SD 57201  
605-882-7631  
foundation@prairielakes.com

Thank you for participating in the We Give Giving Campaign through the Prairie Lakes Healthcare Foundation. Please complete, sign, and return the original form to the Foundation Office.

Employee Last Name \_\_\_\_\_ Employee First Name \_\_\_\_\_

Employee Number \_\_\_\_\_ Department \_\_\_\_\_

Employee Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

I do not wish for my name to be displayed as a donor to the Prairie Lakes Healthcare Foundation.

**Ways to Give**

**Payment Options**

**Payroll deduction:**

Total gift \$ \_\_\_\_\_ Number of pay periods \_\_\_\_\_

Amount per pay period \$ \_\_\_\_\_

**One-Time Gift:**

Total gift \$ \_\_\_\_\_  Check # \_\_\_\_\_  Cash

**Wheat Club Member**

- **New Wheat Club Members must give a minimum of \$2 per pay period/\$52 annually**
- **Returning Wheat Club Members must increase giving by \$1 per pay period/\$26 annually**
- **Donations of \$10 per pay period/\$260 annually or more will automatically qualify you as Wheat Club**

**Unless you designate otherwise below, your gift will be donated to the general fund to be used in the areas of greatest need to provide resources for multiple hospital departments.**

\_\_\_\_\_

Beginning with my first paycheck of 2025, I authorize my employer to deduct from my paycheck the total deduction amount for the Prairie Lakes Healthcare Foundation as indicated above. **I understand this deduction will occur indefinitely unless I notify the Foundation Office otherwise.**

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

*Thank you for your generous gift, which is 100% tax-deductible as allowed by law. We promise to use your gifts to support and advance healthcare services at Prairie Lakes Healthcare System.*

*If you have any questions about this form, please contact Lisa Dahl, Foundation Executive Director, at 605-882-7631.*