

## Employee Giving Campaign



| Name:   | Employee ID:    |
|---|-----------------|
| Address:  | City/State/Zip: |
| Email:  | Phone:          |
|   |                 |
| Ways to Give  |                 |
| Recurring donation  |                 |
| One-time gift   |                 |
| How to Give   |                 |
|   |                 |
| Note: Giving online is easy www.supportmercynorth.org or fill out this form and return to your foundation office. |                 |
| Cash/Check: \$  |                 |
| Payroll deduction:  |                 |
| 🗆 🛛 \$2,000 annual, \$80 per pay pe   | riod            |
| \$1,000 annual, \$40 per pay period   |                 |
| 🗆 🛛 \$500 annual, \$20 per pay perio  | bd              |

- □ \$250 annual, \$10 per pay period
- □ \$130 annual, \$5 per pay period
- □ \_\_\_\_\_ Other per pay period
- □ Paid time off (PTO) donation: I gift\_\_\_\_\_hours of accrued vacation time.

Note: An employee must have a minimum of 80 hours in their PTO account to make this election.

Credit card: 
Please charge my: 
Visa 
MasterCard 
AmEx

Recurring Gift: D Monthly D Semi-annually D Quarterly D One time
Name as it appears on card: \_\_\_\_\_\_

Credit card number: \_\_\_\_\_\_ Expiration date: \_\_\_\_\_

## **Gift Designation**

Please select from the following:

• MMCR • SECH • MMCMS • Connected Living

Area of greatest need

Campaign or Other: \_\_\_\_\_

I understand that, for whatever reason, should I cease to be an employee or should I no longer be able to fulfill my commitment due to personal circumstances, I am not obligated nor will I be held accountable to fulfill this commitment.

Signature (*required*): \_\_\_\_\_

Date: \_\_\_\_\_

## Thank you for your generous gift!

For questions, please contact: Dianne Moty at 530-247-3421.

Email to: Dianne.Moty@dignityhealth.org FAX to: 530-247-3418 Mail to: 2625 Edith Ave., Ste. E, Redding, CA 96001