

iGive



Circle of Friends Employee Giving Campaign 2018 • APRIL 16 - MAY 18, 2018

1. EMPLOYEE INFORMATION

Please print clearly and complete Steps 1-4
Employee # _____

Yes, I wish to participate in Circle of Friends.

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Dept.: _____

Location: _____

E-mail: _____

2. SO MANY WAYS TO GIVE...

Pledge through an automatic payroll deduction
(26 pay periods per year and limited to ONE year):

Healing Hour Club: Enroll me in the Healing Hour Club.
My gift of one hour of pay per pay period will be automatically
calculated and deducted from each paycheck.

Automatic Payroll Deduction: (see grid on back)
I gift \$ _____ per pay period.
I gift \$ _____ one-time deduction.

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.)

Cash/Check Donation: \$ _____ enclosed.

Credit Card Donation: \$ _____
Please charge my Visa MasterCard
 Annually Semi-annually Quarterly One-Time

Name as it appears on card:

Credit Card Number

Exp. Date:

3. GIFT DESIGNATION

Please select from the following:

Area of Greatest Need

Memory Care

Nutrition

Transportation

Vehicles

4. RECOGNITION PERMISSION

Yes, the Foundation may share this pledge on social media, including MFN
website, Facebook, and Instagram. **Only your name and project will be
noted, not the gift amount.**

5. SIGNATURE STATEMENT

All gifts to Mercy Foundation North are completely tax
deductible. Gifts by payroll deduction are rolled over annually.
You may modify, increase, or cease your gift at any time. I
understand that if I cease to be an employee of Dignity Health,
or am unable to fulfill my pledge, I am not obliged nor will I be
held accountable to fulfill the pledge.

Signature (required): _____

Date: _____

Welcome to the Circle of Friends!

For questions, call 530.247.3425. E-mail your form to
Randi.Slaughter@dignityhealth.org or fax 530.247.3418.

iGive
Hope



iGive
Love



iGive
Life



Mercy Foundation North

Payroll deduction payments per pay period

ONE YEAR PLEDGE	AMOUNT PER PAY PERIOD
\$130	\$5
\$260	\$10
\$520	\$20
\$650	\$25
\$910	\$35
\$1,300	\$50
\$1,950	\$75
\$2,600	\$100

Notes on how to give through payroll deductions:

- There are 26 pay periods in a year.
- If you would like to pledge a different amount, simply divide your total pledge amount by 26 to determine the amount you would pay per pay period. Example: A total pledge of \$300 divided by 26 pay periods equals approximately \$12 per pay period. A minimum of \$5 is required.
- Once you reach your total pledge amount, the payroll deductions will stop, unless you ask us to continue them for a designated period of time.
- You may give through the ESS system. It is best to call the Mercy Foundation North office or email us to let us know your total pledge, as the ESS system will only record your deduction per pay period.

Donations are tax-deductible, including your PTO donation. **One hundred percent of your donation goes to the project.** No part of your donation is used for administrative costs.

MORE REASONS TO GIVE! YOU COULD WIN!



Donations of \$100 to \$499 earn one ticket in the opportunity drawing.
Donations of \$500 to \$999 earn two tickets in the opportunity drawing.

Any NSSA employee who donates \$1,000 or more is eligible to win 4 tickets and a parking pass to a 49ers game!

For more info contact Randi Slaughter at 530.247.3425

THANK YOU!