



**Dignity Health™**  
Mercy Medical Center  
Mt. Shasta

## Circle of Friends Employee Giving Campaign 2019 • APRIL 15 - MAY 16, 2019

### 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:

☐ Catherine McAuley Circle

☐ ED Renovation and Expansion

☐ Mercy Hospice Mt. Shasta

☐ Other \_\_\_\_\_

### 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. Email 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

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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 Alisa Johnson at 530.926.9318

**THANK YOU!**