



Dignity Health™
Mercy Medical Center
Mt. Shasta

Circle of Friends Employee Giving Campaign • APRIL 3 - APRIL 14, 2017

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:

☐ ED Renovation

☐ Hospice

☐ 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!

Please email this form to:
randi.ellis-johnson@dignityhealth.com
or fax to 530.247.3418

Questions? Call us at 530.247.3424.

**iGive
Hope**



**iGive
Love**



**iGive
Life**

