

# iGive



**Dignity Health™**  
Mercy Medical Center  
Redding

## Circle of Friends Employee Giving Campaign • APRIL 3 - MAY 19, 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:

Cardiac Care

Chapel Renovation

Oncology Services

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.

