

Employee Giving Pledge Form

How to Give

Note: Giving online is easy at supportstmary.org or fill out this form and return to your foundation office.

*** Donors at the \$500 level and above are invited to the Employee Giving Campaign Celebration**

- Cash/Check: \$ _____
- Payroll deduction:
- \$5,000 annual, \$192.30 per pay period
 - \$2,500 annual, \$96.15 per pay period
 - \$1,000 annual, \$38.47 per pay period
 - \$500 annual, \$19.25 per pay period
 - \$100 annual, \$3.85 per pay period
 - One-time gift of \$ _____
- 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: Monthly Semi-annually Quarterly One time
Name as it appears on card: _____
Credit card number: _____ Expiration date: _____

Gift Designation

Please select from the following:

- Employee Giving Campaign 2020
- Department or program: _____

I understand that, for whatever reason, should I cease to be an employee of St. Mary Medical Center, 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**): _____

For questions, please contact: Rebecca Buckley ext. 3248 or Rebecca.Buckley@dignityhealth.org

Thank you for your generous gift!

This Form is Due To Your Team Captain by February 28th