

CommonSpirit Health Employee Giving Campaign '20 - '21

Name: _____ Department: _____

Email: _____ Employee ID# _____

How to Give

Note: Giving online is easy at supportstmary.org or fill out this form and return to the foundation mail box in a sealed envelope.

Cash/Check: \$ _____ check made payable to St. Mary Medical Center Foundation

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

Monthly Recurring Gift One Time Gift

Name as it appears on card: _____

Credit card number: _____ Expiration date: _____

Gift Designation

Please select from the following:

Employee Giving Campaign 2021 - 4th floor patio refresh project

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!



**St. Mary Medical Center
Foundation.**

A Dignity Health Member