



St. Mary Medical Center
**Hospital Family
Campaign**

Why Should I Participate?

Your participation in the Hospital Family Campaign is the key to our success. Last year, 664 employees donated to our campaign.

A successful Hospital Family Campaign assists the Foundation's mission of funding vital patient care programs and community outreach services. Your giving also demonstrates to other donors in the community that those closest to the hospital – the employees – are deeply committed to making St. Mary Medical Center even stronger for the benefit of all we serve.

For additional information, please contact Kimberly Eclarino, Fund Development Coordinator at (562) 491-9225 (or ext. 2236) or via E-mail at Kimberly.Eclarino@DignityHealth.org

Donors of \$100
(\$4.00 per pay period)
or more are eligible
for our Grand Prize
and a special
recognition gift.

How Can I Participate?

Employees are invited to support the Hospital Family Campaign in several ways. Options include a pledge, which can be paid at one time or through automatic payroll deduction; or with a one-time gift of cash, credit card, or stocks; or with a donation of PTO.

All employees who support the Hospital Family Campaign are invited to participate in our celebrations, prize opportunity drawings, and will receive recognition on the Hospital Family Campaign Donor Plaque near the Cafeteria.

Thank You for Your Gift



**St. Mary Medical Center
Foundation.**

A Dignity Health Member

Name _____ Telephone _____
Address _____ Email _____
City _____ State _____ Zip Code _____
Department _____ Dept. Number _____

Note: All one-year Pledges (options A – D) begin on July 1, 2017 and concludes on June 30, 2018.

PLEASE SELECT ONE GIVING OPTION:

A. Champion Leader: Enroll me as a Champion Leader in the Foundation 21 Society. The minimum contribution is \$38.47 per pay period or \$1,000 annually.

B. Foundation 21 Society: Enroll me as a general member in the Foundation 21 Society. The minimum contribution is \$19.25 per pay period or \$500 annually.

C. Premier Hour Club: My gift of one hour per pay period will automatically be calculated and deducted (26 pay periods) from my paycheck. Your gift may make you eligible to be recognized as a Champion Leader or a general member of the Foundation 21 Society.

D. Automatic Payroll Deduction: a. Contribute \$ _____ per pay period (26 pay periods) from my paycheck.
b. Contribute \$ _____ one-time deduction.

E. PTO Donation: I would like to donate _____ hours of PTO. I understand my donation will be final and the donated hours taken from my PTO bank in May 2017. A minimum donation of 8 hours is required and 80 hours must be in the bank at the time the election is made. I understand that PTO donations are subject to all payroll taxes and will be reported as wages on my W-2 form in the calendar year in which the hours are donated. Your gift may make you eligible to be recognized as a Champion Leader or Member of the Foundation 21 Society.

F. One-Time Gift of: \$25 \$50 \$100 \$250 \$500 \$1,000 Other \$ _____

Cash/Check Payment: Cash or a check gift payable to St. Mary Medical Center Foundation

Credit Card Payment: VISA MC AMEX DISC

Please charge my credit card one time for \$ _____

Please charge my credit card as indicated Annually \$ _____ Semi-Annually \$ _____
 Quarterly \$ _____ Monthly \$ _____

Name as it appears on card _____

Credit Card Number _____ Expiration Date _____ Security Code _____

PLEASE CHECK ONE:

Please designate my gift to **Area of Greatest Need** Please designate my gift to:

I am interested in learning about donating through bequests, charitable trusts, life income agreements and other planned gifts to provide for the future needs of St. Mary Medical Center.

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 pledge due to personal circumstances, I am not obligated, nor will I be held accountable, to fulfill this pledge.

Signature (required) _____ Date _____

FOR OFFICE USE ONLY.
PLEASE DO NOT WRITE IN THIS AREA