



iGIVE

Why Should I Give?

Your participation in the Hospital Family Campaign is the key to our success!

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 Give?

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



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

Note: All one-year Pledges (options A – D1) begin on July 1, 2018 and concludes on June 30, 2019.

A. Champion Leadership Society:

Champion \$38.47 per pay period or \$1,000 annually **Silver Champion** \$96.15 per pay period or \$2,500 annually

B. Foundation 21 Society: The minimum contribution is \$19.25 per pay period or \$500 annually.

C. Automatic Payroll Deduction:

C1. Contribute \$ _____ per pay period (26 pay periods) from my paycheck. C2. Contribute \$ _____ one-time deduction.

D. PTO Donation: I would like to donate:

D1. I gift one hour of PTO each pay period (26 pay periods). D2. I gift _____ hours of PTO to be taken out in May 2018.

I understand my donation will be final and the donated hours taken from my PTO bank. For Selection D2* 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.

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

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

Cash/Check Payment: 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 _____

Gift Designation:

Hospital Family Campaign Fund or Department or Area _____

iGive because: _____



I am interested in participating in the 2018 Long Beach Marathon & Half Marathon as a runner or volunteer.

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 _____