

St. Luke's Wood River Foundation
Partners in Giving Employee Contribution Form
Spreading Compassion, Education, Healing and Trust



Name: _____ Employee Number: _____
Department: _____ Phone: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____

PLEASE APPLY MY GIFT TO THE FOLLOWING FUND (PLEASE SELECT ONE):

- Circle of Friends:** Provides assistance for you or a colleague in a time of financial hardship.
- The Education Fund:** Funds staff education.
- The Healing Fund:** Fosters a more healing environment by upgrading technology and services.
(Please check one): **Emergency Services** **Mental Health** **Pediatric Services** **Infusion Services**
- The McLaughlin Fund:** Provides assistance for you or a colleague to cover unexpected medical expenses.
- The Trust Fund:** Allows the Foundation to use your gift where it can make the greatest impact.

PAYMENT OPTIONS (PLEASE SELECT ONE):

- My check is enclosed for a one-time contribution in the amount of \$ _____.
- Please charge my credit card in the amount of \$ _____. Credit Card (check one): VISA MC AMEX
Card number: _____ Expiration Date: _____
Name on card: _____

Payroll deduction of dollars (minimum of \$5.00 per paycheck)

- Ongoing contribution: I would like to contribute \$ _____ from each paycheck. **Continues until you notify the Foundation**
- Specific # of pay periods: I would like to contribute \$ _____ from each paycheck for _____ pay periods for a TOTAL contribution of \$ _____.
- One-time contribution: I would like to make a one-time contribution of \$ _____ from my paycheck.

Payroll deduction of PTO (may be donated in increments of 0.5 hours)

- Ongoing contribution: I would like to contribute _____ hour(s) of PTO from each paycheck.
Continues until you notify the Foundation
- Specific # of pay periods: I would like to contribute _____ hour(s) of PTO from each paycheck for _____ pay periods for a TOTAL contribution of _____ hour(s) of PTO.
- One-time contribution: I would like to make a one-time contribution of _____ hour(s) of PTO from my paycheck.

ACKNOWLEDGEMENT

- My gift is anonymous. Please do not publish my name.
- Name(s) by which we may acknowledge gift _____

SIGNATURE (Required): _____ **DATE:** _____

I request and authorize St. Luke's Wood River Medical Center to deduct the indicated amount(s) from my paycheck(s) as a tax-deductible donation to St. Luke's Wood River Foundation. I understand this is a post-tax deduction and that participation is voluntary. This payroll deduction form is designed to offer St. Luke's Wood River Medical Center employees an opportunity to make a tax-deductible donation to the St. Luke's Wood River Foundation. You will receive a tax receipt for your gift from the Foundation. This payroll service is not available to PRN or seasonal employees.



Please return this completed form to the St. Luke's Wood River Foundation
For more information, please contact Marsha Edwards, Annual Giving Officer, 727-8416 or edwardma@slhs.org
Thank you for your generosity!