



**STRONGER TOGETHER**  
**St. Luke's Wood River Foundation**  
**Employee Contribution Form**  
**Gifts of Compassion, Healing and Trust**

Name: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

Employee Number: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Yes! I would like to support **ONE** of the below funds:**

- Circle of Friends:** Provides assistance for you or a colleague in times of financial hardship.
- McLaughlin Fund:** Provides assistance for you or a colleague to cover unexpected emergency medical expenses.
- Recognition Fund:** Provides for annual recognition for all staff.
- Trust Fund:** Allows the Foundation to use your gift where it can make the greatest impact.

**One-time gift (check, credit card):**

My check is enclosed for a one-time contribution in the amount of \$ \_\_\_\_\_  
 Please charge my credit card in the amount of \$ \_\_\_\_\_  
 Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Name on card: \_\_\_\_\_

**Payroll gift – paycheck deduction (minimum of \$5.00 per paycheck):**

Ongoing contribution: I would like to contribute \$ \_\_\_\_\_ from each paycheck.  
*\*Continues until you notify the Foundation – see below\**  
 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 gift – PTO hours (minimum and 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 – see below\**  
 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.

**Declination or Change:**

I appreciate the efforts of the SLWR Foundation but I am not able to contribute at this time.  
 Please change my existing, ongoing contribution as noted above.

**Signature (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

My gift is anonymous. Please do not publish my name.

Name(s) by which we may acknowledge gift \_\_\_\_\_

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 I will receive a summary receipt for IRS purposes. This payroll service is not available to PRN or seasonal employees.

**Please interoffice or return completed form to St. Luke's Wood River Foundation**  
 For more information contact Marsha Edwards, 727-8416 or edwardma@slhs.org  
**Thank you for your service and generosity!**