



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

Name: _____
Department: _____
Mailing Address: _____

Employee Number: _____
Email: _____
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 Please do not publish my name.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!