Dignity Health.
A member of CommonSpirit

Powered by purpose. United in giving.

October 19-30, 2026
Employee Giving Campaign

Marian Regional Medical Center
Pacific Central Coast Health Centers
(Santa Maria, Orcutt, Nipomo & Lompoc)



EMPLOYEE INFORMATION

Full employee name: _____

Employee ID (required): _____

Department: _____

Mailing address: _____

City/state/zip: _____

Primary phone: _____

E-mail: _____

☐ I would like to give anonymously

AREA OF SUPPORT

Maximum of two. If two funds are selected, your donation will be split evenly. If a designation is not selected, your gift will benefit the "Area of Greatest Need".

☐ Area of Greatest Need

☐ Mission Hope Cancer Center

☐ Maternal Child Health *(Birthing Center, NICU, Pediatrics)*

☐ Friendship Fund *(employee assistance; non tax-deductible)*

☐ Patient Assistance Fund

EMPLOYEE SIGNATURE

I understand that, for whatever reason, should I cease to be an employee of Marian Regional Medical Center or Pacific Central Coast Health Centers, or should I no longer be able to fulfill my commitment due to personal circumstances, I am not obligated nor will I be held accountable to fulfill this commitment. Any ongoing donation election will be in effect until discontinuance is requested by me in writing. Donations to CommonSpirit Health-affiliated fundraising entities are tax-deductible to the fullest extent allowed by law. CommonSpirit Health-affiliated fundraising entities do not provide goods or services in consideration for contributions by payroll deduction.

Date: _____

Signature (required): _____

WAYS TO DONATE

☐ **Ongoing payroll deduction ($5 minimum** *per pay period***):**

26 pay periods annually

- ☐ $ 100 per pay period ($2,600 annually)
- ☐ $ 50 per pay period ($1,300 annually)
- ☐ $ 25 per pay period ($650 annually)
- ☐ $ 10 per pay period ($260 annually)
- ☐ $ 5 per pay period ($130 annually)
- ☐ Other: $ _____ per pay period

☐ **One-time payroll deduction ($5 minimum):**
$_____

☐ **Paid time off (PTO) donation:**

- ☐ **Ongoing** donation of _____ PTO hour(s) per pay period
- ☐ **One-time** donation of _____ PTO hour(s)

I understand that for PTO donations: (1) I must have a minimum of 80 hours in my PTO account at the time I make this election; if there are insufficient hours to cover my election, no donation will occur. (2) PTO donations are subject to all applicable payroll taxes and will be reported as wages on my IRS W-2 form in the calendar year in which the PTO hours are donated.

☐ **Check/cash donation:** $_____

In their own words, a Friendship Fund recipient shares the impact of donor support:

> **"Our family has experienced hardships, loss of employment, unexpected oral surgeries, and family loss. The Friendship Fund helped our family in all of those life events and has helped us keep afloat when times were tough and the tension was high. I truly appreciate all of the kindness and generosity."**
>
> *- A Grateful Employee & Friendship Fund Recipient*

For questions, call the Marian Foundation at 805.739.3595 or e-mail marianfoundationfeedback@commonspirit.org