



Philanthropy lifts us all up.

Marian Regional Medical Center Employee Giving Campaign '22

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 where the need is greatest.

☐ **Employee Wellness Fund (new)**

☐ Where the need is greatest

☐ Friendship Fund (employee assistance)
non tax-deductible

☐ Mission Hope Cancer Center for Marian Cancer Care

☐ Hospice House

☐ Other: _____

HOW TO GIVE

☐ **Ongoing payroll deduction donation:**

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)

☐ One hour of my pay per pay period

☐ \$_____ per pay period (minimum of \$5)

☐ **One-time payroll deduction donation:** \$ _____
(minimum of \$10)

☐ **Paid time off (PTO) donation:**

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

☐ **One-time** donation of _____ PTO hour(s)

I understand that (1) in order to donate the PTO hours elected, 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:** \$ _____

☐ **Credit card:** \$ _____

Please charge my: ☐ Visa ☐ MasterCard

☐ One-time ☐ Monthly ☐ Quarterly ☐ Semi-annually

Name as it appears on card: _____

Credit card no.: _____ Exp. date: _____

EMPLOYEE SIGNATURE

I understand that, for whatever reason, should I cease to be an employee of Marian Regional Medical Center 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.

Signature (required): _____ Date: _____

For questions, call 805.739.3595, fax 805.739.3599
or e-mail MarianFoundationFeedback@DignityHealth.org
SupportMarianMedical.org/EmployeeGiving



Thank you for your support!



**Marian Regional
Medical Center Foundation**
A Dignity Health Member