



CIRCLE OF FRIENDS GIVING CAMPAIGN 2017

October 9–November 10, 2017

1. Employee Information

(Please print clearly and complete Steps 1–4)

Employee # _____

Yes, I wish to participate in Circle of Friends.

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Department: _____

E-mail: _____

2. Ways to Give

**Pledge through an automatic payroll deduction
(26 pay periods per year):**

Healing Hour Club: Enroll me in the Healing Hour Club! My gift of one hour of pay per pay period will be automatically calculated and deducted from each paycheck.

Automatic Payroll Deduction:

I gift \$ _____ per pay period.

I gift \$ _____ one-time deduction.

Paid Time Off (PTO) Donation:

I gift _____ hours of accrued vacation time.

Note: An employee must have a minimum of 80 hours in their PTO account to make this election.

Cash/Check Donation: \$ _____ enclosed.

Credit Card Donation: \$ _____

Please charge my Visa MasterCard

Annually Semi-annually Quarterly One Time

Name as it appears on card:

_____ Credit Card Number:

_____ Exp. Date _____

3. Gift Designation

Please select from the following:

- Where the need is greatest
- Emergency Services
- Family Medicine Residency Program
- Pediatrics
- Friendship Fund
Employee Assistance Fund
- Patient Assistance Program
- Mission Hope Cancer Center
for Marian Cancer Care
- Marian Heart Center
- Maternal and Newborn Care
- Newborn Intensive Care Unit
- Home Health and Hospice
- Marian Extended Care Center
- Spiritual Care
- Pacific Central Coast Health Centers
formerly Marian Community Clinics

4. Signature Statement

All gifts to the Marian Foundation are completely tax deductible. Gifts by payroll deduction are rolled over annually. You may modify, increase, or cease your gift at any time. I understand that if I cease to be an employee of Marian, or am unable to fulfill my pledge, I am not obligated nor will I be held accountable to fulfill this pledge.

Signature (required): _____

Date: _____

**For questions, call 805.739.3595 or e-mail
MarianFoundationFeedback@DignityHealth.org
Fax: 805.739.3599**

