

iGIVE

Employee Caring Circle Campaign



HOPE

LOVE



LIFE



Join the Employee Caring Circle

1) Yes, I wish to join the Employee Caring Circle

Name: _____

Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

2) Ways to Give

- 60 Minute Club "Hour of Power":** Enroll me in the 60 Minute Club! My gift of one hour of pay per period will be automatically calculated & deducted.

Or consider 30 min 90 min 120 min

- Automatic Payroll Deduction:**

I gift a total of \$ _____ from my paycheck.

per pay period one time

- Paid Time Off (PTO) Donation:**

I gift _____ hours of accrued vacation time.

A separate form is required. Employee must have at least 80 hours of PTO remaining after PTO donation

- Credit Card Payment:** Visa MC Disc Amex

Please charge \$ _____

Annually Semi-Annually Quarterly One Time

Name as it appears on card: _____

Card #: _____ Exp. ____ / ____

- Cash/Check Payment:**

A cash/check gift of \$ _____ is enclosed.

3) Gift Designation

- Area of Greatest Need:** \$ _____

Provides funds for urgent hospital needs including new technology and equipment, program support and more.

- Angel of Hope Fund:** \$ _____

Provides financial assistance to cancer patients for basic medical needs during treatment.

- Employee Assistance Fund:** \$ _____

In memory of Art Wirshup: Provides financial assistance to employees in need.

- Breast Cancer Prevention Fund:** \$ _____

Provides free mammograms and diagnostic tests for underinsured or uninsured patients.

- Homeless Patient Support Fund:** \$ _____

Provides homeless patients with basic survival items, prescriptions, transportation, temporary housing for further recovery after discharge or a stay in a sober living facility.

If you select more than one fund, please choose between the following:

- Split my support equally between the selected funds.

- Split my support as written next to each selected fund.

4) Signature

All gifts to the French Hospital Medical Center Foundation are eligible for tax deduction to the fullest extent of the law. Gifts through payroll deduction are rolled over annually. You may modify, increase or cease your gift at any time by notifying the Foundation in writing.

I understand that for whatever reason, should I cease to be an employee of French Hospital Medical Center, or should I no longer be able to fulfill my pledge due, I am not obligated nor will I be held accountable to fulfill this pledge.

Signature (required): _____

Employee # (required): _____ Date: _____

Since 2006, our employees have donated more than \$425,000 to fund various projects including:

Copeland Health Education Pavilion Courtyard



Outdoor Fitness Zone



French Bistro Café



French Hospital Medical Center Employee Caring Circle

Give the gift of humankindness at French Hospital Medical Center through your participation in the Employee Caring Circle. Your charitable investment makes a difference in the lives of our patients and families, and contributes to the healthy future of French Hospital Medical Center.

Employees who join the Employee Caring Circle will be recognized in Foundation and Hospital newsletters and on the Caring Circle Donor Wall in the main lobby.

Any amount is greatly appreciated and will send a powerful message of support to the community we serve. Funds raised by our employees help improve our community's health care and will be used to support programs and services at French Hospital Medical Center.

For more information:

805.542.6496

tracy.timmons@dignityhealth.org

www.supportfrenchhospital.org

Thank You for Your Support!



**French Hospital
Medical Center Foundation.**

A Dignity Health Member