

1. Employee information

Name _____ Employee # _____

Address _____ City _____ State _____ ZIP _____

My spouse should also receive recognition as an employee donor. Name _____

2. Designating your gift

If no fund is selected, gifts will be designated to the Project Shine Grant Fund. If more than one fund is selected, gifts will be split evenly between selected funds. Additional areas to support may be found at www.marshfieldclinic.org/funds.

- Project Shine Grant Fund Regional Patient Care _____
- Angel Fund Other _____

3. Donation information

Recurring gift through payroll deduction

- Hour Club (one hour of my wage per pay period)
- \$ _____ per pay period

Gifts will be deducted 26 pay periods each year. Payroll deductions will begin July 2017 and continue through June 2018 unless the option below is selected.

- Ongoing payroll deduction
(Will continue until you notify MCHS Foundation)

- OR -

One-time gift

I would like to make a one-time gift of \$ _____

- One-time payroll contribution
(taken out of the first pay period in July 2017 or next available)

Cash

Check (payable to MCHS Foundation)

Credit Card: Visa American Express Discover MasterCard

Name on card _____

Card # _____ Exp date _____

4. Authorization

Signature _____ Date _____

Optional gift information

This gift is: In memory of In honor of Name _____

Person to notify _____ Relationship to honoree _____

Address _____

Please send me information on:

- ways I can get involved as an MCHS Foundation Ambassador. opportunities to become a philanthropic leader.
- designating a portion of my retirement plan to MCHS Foundation. including MCHS Foundation in my will or trust.

MCHS Foundation is a 501(c)(3) charitable organization. All contributions are tax-deductible to the fullest extent provided by law. 100% of your contribution will go to the fund(s) you designate.

Route pledge forms to MCHS Foundation, 1R1.

Office use only \$ _____ rate/pay period x _____ pay periods = \$ _____