

Orleans Community Health Foundation

EMPLOYEE GIVING PLEDGE FORM

Participating is easy! You can make your gift by payroll deduction, credit/debit card, check or online. You will receive a gift for your commitment to join others who support the extraordinary work we do at Orleans Community Health.

Your gift supports the mission of the Orleans Community Health Foundation. This fund is managed by our Board of Directors to supplement any fund or request from Orleans Community Health. Enrollment is on-going, so you can join at any time throughout the year. Deductions will begin the pay period following submission of completed and signed form.

Employee Information (Required)

Name _____ Employee ID # _____

Personal Email _____ Department _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Payroll Deduction Donation Options – Can you give \$1, \$2, or \$5 per pay period?

Continuous Giving of \$ _____ every pay period until cancelled

One Time Gift of \$ _____ (deducted from one paycheck)

Signature _____ Date _____

I authorize my employer to deduct the amount selected from my paycheck either each pay period or one time (as indicated) as a charitable contribution from me to Orleans Community Health Foundation. I understand that deductions will be made from my post-tax wages. As such, I am responsible to pursue any income tax deduction that I may be eligible to receive when filing my individual tax return. I further understand that I may cancel my donations at any time by providing written notice to my payroll department at least 30 days prior to the effective scheduled pay date chosen. No goods or services were provided in exchange for this contribution.

Other Donation Options

Personal Check

My gift of \$ _____ is enclosed (made payable to the "OCH Foundation")

Credit/Debit Card (circle one) Mastercard Visa American Express Discover

Card # _____ CVC# _____ Exp. Date _____

Signature _____ (required for credit/debit card transactions)

Please return your completed form to the Foundation Office, or scan and email to hsmith@medinamemorial.org. For questions call Heather at x-8426



OCH Employee Giving Program

Over the year's OCH employees have given over \$100,000 towards specific employee directed campaigns.

NOW THAT'S IMPRESSIVE!!!

Last year we pledged just over \$8000 and helped fund the following capital purchases:

- Cardiac Services – New stress test system (on order)
- Radiology – Nuclear Medicine dose calibrator, a new ultrasound probe, and x-ray ceiling mount
- IT – office furniture
- Outpatient Lab – new counters
- Pharmacy
- PCUII
- Emergency Dept.

LET'S DO IT AGAIN THIS YEAR...#TOGETHERWEARESTRONGER!!!!

It's simple, you can make a one-time donation or a bi-weekly donation right through your paycheck.

Here is a sample donation chart to help you figure out what you would like to give. You can look at it by how much you want taken out of your paycheck and see what it totals out to at the end of the year or you can figure out an annual amount you want to give and look to see what that means bi-weekly.

The power of a \$1 x 24 paychecks x 270 employees = \$6480!!!

In appreciation for your donation, we will be giving out some cool gifts based on the total annual donation amount.

Gift Commitment Level	Appreciation Gift
Every Participant	Pen
\$50 - \$99	lip balm
\$199 - \$199	Foam Football
\$200 & up	Insulated Tumbler



Annual Giving Example

Per Pay Period Deduction	24 Pay Period Gift Total
\$1.04	\$25
\$2.08	\$50
\$3.13	\$75
\$4.17	\$100
\$6.25	\$150
\$8.33	\$200
\$10.42	\$250
\$12.50	\$300
\$16.67	\$400
\$20.83	\$500
\$31.25	\$750
\$41.67	\$1,000
\$62.50	\$1,500
\$83.33	\$2,000