

# St. John's Healthcare Foundation Employee Giving Campaign



## Employee Information

Name: \_\_\_\_\_ Employee ID (required): \_\_\_\_\_

Email: \_\_\_\_\_ Department: \_\_\_\_\_

Home Address: \_\_\_\_\_

I would like to give anonymously

## Area of Support

Maximum of two. If two funds are selected, your donation will be split evenly.

- Nursing Improvements Fund
- Behavioral Health Services
- Area of greatest need
- Other \_\_\_\_\_

## How to Give

Giving online is easy at [SupportStJohns.org/Employee-Giving](http://SupportStJohns.org/Employee-Giving) or fill out this form and return to the Foundation office.

- Check/cash donation:** \$ \_\_\_\_\_
- 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
- 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.*

**Signature (required):** \_\_\_\_\_

**Date:** \_\_\_\_\_

Foundation Use Only - CRM Lookup-ID \_\_\_\_\_

*Credit card information will be securely destroyed by the Foundation.*

- Credit card:** \$ \_\_\_\_\_ Please charge my:  Visa  MasterCard  AmEx
- One-time  Quarterly  Semi-annually  Monthly

Name as it appears on card: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

*I understand that, for whatever reason, should I cease to be an employee of St. John's Hospitals 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.*

For questions, please contact the St. John's Hospital Foundation at 805.988.2868..

**Thank you for your generous gift!**