

The Campaign for EvergreenHealth Monroe

Employee Information

Please print clearly

Name: _____

Department: _____ Employee #: _____

Please check appropriate box: Staff Physician Volunteer

Email Address: _____

Mailing Address (for tax receipts): _____

Phone: _____

Submitting Your Gift

Please return via one of the following ways:

1. Foundation Office - 2nd Floor, Suite 204
2. Return to **I GIVE** box at Front Desk or in the Gift Shop
3. Mail to: EHM Foundation
14701 179th Avenue SE, Suite 204
Monroe, WA 98272
4. Give online at www.evergreenhealthfoundation.com/monroe/igive/

I would like to know more about giving through my will and estate plan.



Payment Methods

All gifts are fully tax deductible to the extent of the law.

THREE EASY WAYS TO GIVE

Please direct my gift to the following fund:

Employee Giving Fund/Greatest Need Other : _____

1. **One-time Cash Gift:** Gift Amount: \$ _____

Check: Please make check payable to **EvergreenHealth Monroe Foundation**

Credit Card: Visa MasterCard

Card #: _____

3-digit Security Code (on back of card): _____ **Expiration Date:** _____

Name Printed on Card: _____

2. Donation of PTO Hours

I authorize _____ PTO hours to be donated to the campaign for EH Monroe.

Please Note: This donation must comply with the policy for PTO Cash-out and will be distributed in December 2019. For questions regarding PTO policies, please contact HR.

3. Payroll Deduction - Club 26

I understand that my designated pledge(s) will be deducted from each paycheck beginning with the first pay period of 2020. My payroll deduction pledge for the Campaign for EvergreenHealth will roll over each year **automatically** until I advise the Foundation regarding changes or termination.

By contributing to the **I GIVE** Campaign via payroll deduction, I will automatically be enrolled into Club 26.



Deduction Per Pay Period

Annual Total*

\$ _____

X 26

\$ _____

Example of payroll deduction method: \$10 x 26 PP = \$260.00 annually

*"Annual total" given through "Payroll Deduction" will be deducted in even amounts over 26 paychecks.

Signature: _____ Date: _____