## GPME A LITTLE HELP A LOT. $\heartsuit$

# ST. MARGARET FOUNDATION Employee Campaign June 7-July 2

Employee Name: «First Name» «Last Name»

Employee ID Number: «Person Number»

**Employee Address:** 

Department Name: «Department Name»

Department Manager or Team Leader: «First Name1» «Department Manager Last Name»

### PAYROLL DEDUCTION

I would like to make my ongoing donation through payroll deduction and understand that I may discontinue my pledge at any time. I understand that if I already have an ongoing active pledge that this new pledge will replace it. If I do nothing, my former pledge will remain in effect. Pledges take effect August 20th.

ATTN! All current Hour-a-Month and Two-Hour-a-Month donors must update their hourly pay rate in order to receive gifts. <u>The Foundation does not have access to your payroll info.</u> Please enter an amount below and your employee ID # above.

My donation is	: \$ per	pay period. ( <u>min</u>	<u>imum is \$3</u> )	<b></b>	FILL ME OUT!
With thi	s gift I am parti	cipating at the le	vel of the:		
	□ ½ hour of p	ay/per pay or the	"Hour a Mon	th Society"	
	□ 1 hour of po	ay/per pay or the	"Two Hour a <i>l</i>	Month Society"	
	☐ More than 1	I hour of pay/per	pay or the " <b>N</b>	ore Than Two H	ours a Month Society"
	□ I am keepin	g my pledge the	same. (See y	ellow box abov	e.)
	ONE	TIME DONATION			
would like to m	nake my donati	on in the amoun	t of \$	by:	
Check (enclo	osed, made pa	yable to St. Marg	aret Foundatio	on)	
<b>□</b> Cash					
■ MasterCard	■ Visa	□ Discover			
Credit Card Nu	mber:				
Expiration Date:	:	CVV:			
Signature:				Date:	

### Designation

Designation				
☐ Area of Greatest Need				
☐ Rod Rutkowski Bed Fund				
☐ Employee Emergency Fund				
☐ Family Health Center Fund				
☐ Peter G. Ellis Oncology Fund				
☐ Nursing Recognition Fund				
☐ School of Nursing Fund				
☐ Employee Experience Committee				
If you do not designate, the gift will be designated to the Area of Greatest Need.				
<ol> <li>Do you want your donation to be recognized as "Anonymous?"</li> <li>Yes</li> <li>No</li> </ol>				
2. Employee Birth Date:/				
Signature:Circle one: Mr. Ms. Miss Mrs. Dr.				
Date:				
Home phone:Address:Personal Email:				
This gift is in: ☐ Honor of ☐ Memory of				
(name)				
(name) Please send notification to:				
,				

This pledge remains in effect only while you are employed at UPMC on an ongoing basis unless you make other arrangements. All payroll deduction pledges will be based on the amount indicated on this signed pledge form. Your gift is deductible for income tax purposes to the full extent provided by law. You will receive a written acknowledgment. If you wish to modify or discontinue your pledge, simply notify St. Margaret Foundation in writing. **Return this from to: SMF, 100 Medical Arts Building #112 or smf@upmc.edu**.

## **EVERYBODY WINS!**

Check out this year's prizes!

Remember that all Hour a Month and Two Hour a Month must turn in an updated pledge form with your current rate in order to receive your prizes.

Turn in your pledge form by JUNE 18 to be entered into the free raffle for gift certificates and other prizes including overnight hotel stays and \$50 gift certificates to LeMont, Caliente Pizza and Draft House, and more!

## PAYROLL DEDUCTION, OR ONE-TIME DONATION

Donate \$3 per pay or a onetime donation of \$40 and receive:

A SMF Campfire Mug and a SMF car magnet





## **HOUR-A-MONTH SOCIETY**

Donate a half-an-hour of pay per pay and receive:

**SMF Wireless Ear Buds** 

IN ADDITION TO THE MUG AND MAGNET!



## TWO HOUR-A-MONTH SOCIETY

Donate an hour of pay per pay and receive:

**SMF Insulated Tote Bag!** 

IN ADDITION TO ALL PAYROLL & HOUR-A-MONTH PERKS!



### WHAT EMPLOYEE DONORS ARE SAYING

"I donate to St. Margaret Foundation because of all the wonderful things they do. Every dollar donated helps people in my community and the friends I work with every day. Donating to the Foundation is an easy way for me to help others that I may not have had the opportunity to help." - Danita Novak, Practice Manager, Pain Management, Cardiothoracic and Vascular Surgery Clinics

"I chose to be a member of St. Margaret Foundation because I feel it is a wonderful organization that provides numerous services to patients who are going through hardships in their life. Personally and professionally I have seen how this Foundation puts first the patients, community, St. Margaret employees and their members who help make the foundation possible and I'm proud to be a part of it." - Cynthia Likar, Physician Assistant

TELL US: Would you be interested in serving on a year-round St. Margaret Foundation "Champion Committee"? Yes | Not Sure, Send Me More Info!