

ST. MARGARET FOUNDATION
Employee Campaign

JUNE 22 - JULY 17

Employee Name:

Employee ID Number:

Department Name:

Department Manager:

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 September 4th.

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

*My donation is: \$ _____ per pay period. (minimum is \$3)

With this gift I am participating at the level of the:

- ½ hour of pay/per pay or the "Hour a Month Society"
- 1 hour of pay/per pay or the "Two Hour a Month Society"
- More than 1 hour of pay/per pay or the "More Than Two Hours a Month Society"
- I am keeping my pledge the same.

ONE TIME DONATION

I would like to make my donation in the amount of \$ _____ by:

- Check (enclosed, made payable to St. Margaret Foundation)
- Cash
- MasterCard Visa Discover

Credit Card Number: _____

Expiration Date: _____ CVV: _____

Signature: _____ Date: _____

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.

1. Do you want your donation to be recognized as "Anonymous?" Yes No
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) _____

Please send notification to:

Name: _____

Address: _____

SURVEY ON BACK!

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 amounts 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 for your pledge. If for some reason you wish to modify or discontinue your pledge at any time, simply notify St. Margaret Foundation in writing.

EVERYBODY WINS!

PAYROLL DEDUCTION, OR ONE-TIME DONATION

Donate \$3 per pay or a onetime donation of \$35 and receive:

A SMF Canvas Bag
and a cause wristband that gives you access to free treat days!



HOURLY-A-MONTH SOCIETY

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

Set of (4) SMF Glasses!

IN ADDITION TO THE CANVAS BAG!



TWO HOURLY-A-MONTH SOCIETY

Donate an hour of pay per pay and receive:

SMF Plush Blanket!

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



WE WANT TO HEAR FROM YOU!

Fill out this short survey for a chance to win an additional incentive prize!

1. Next year, would you rather receive an incentive gift or choose to opt-out and have the money that would be spent to purchase the gift stay with the Foundation?

Gift | Opt-Out

2. Why do you participate in the Employee Campaign? **Incentive Gift, Prizes, and Treat Days | For the Recognition | Wanting to help under-resourced patients**

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

4. Anything else you'd like us to know? _____