



2026 Employee Campaign

June 15 - July 10

- Employee Name:**
- Employee ID Number:**
- Employee Address:**
- Job Title:**
- Department Name:**
- Department Manager or Team Leader:**

PAYROLL DEDUCTION

I would like to make my ongoing donation through payroll deduction and understand that I may discontinue my pledge at any time. This pledge will replace my existing pledge, if applicable. If I do nothing, my former pledge will remain in effect. Pledges take effect August 14th. **Agency employees may participate in the 2026 campaign** by becoming a monthly donor at stmargaretfoundation.org/circleofhope in the amount equal to the societies listed below.

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 below and your employee ID # above.

I do not want campaign gifts

***My donation is: \$_____ per pay period. (minimum to receive thank you gift is \$4)**

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
- Credit Card Number: _____ Expiration Date: _____ CVV: _____

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 form to: SMF at 100 Medical Arts Building #112 or smf@upmc.edu by June 26th to be entered in the free raffle!**

Choose a Fund

- Greatest Impact Fund
- Rod Rutkowski Bed Fund
- Employee Emergency Fund
- Family Health Center Fund
- Peter G. Ellis Oncology Fund
- Nursing Recognition Fund
- School of Nursing Student Fund
- Employee Experience Committee
- Family Emergency Fund

If you do not designate, the gift will be designated to the Greatest Impact Fund

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. Mx.

Date: _____

Home phone: _____

Address: _____

Personal Email: _____

This gift is in: Honor of Memory of
(name)_____

Please send notification to:

Name: _____

Address: _____
