

Employee Giving Campaign Contribution Form

We Care



Name: _____
 Department: _____
 Home Address: _____
 Home Phone: _____ Work Ext.: _____
 Employee ID#: _____ Cost Center: _____

Yes, I would like to make a donation to: ___ Family Birthing Center ___ Employee Benevolence Fund
 ___ Helping Hands ___ Nursing ___ Other: _____

Check: I have enclosed my check in the amount of \$ _____ made payable to Swedish Covenant Hospital Foundation.

Credit Card: Please charge the following credit card in the amount of \$ _____
 VISA MasterCard Discover American Express

Credit Card #: _____ Expiration Date: _____

Payroll Deduction: I choose to make my gift of \$ _____ via payroll deduction.

Please deduct \$ _____ per payperiod until this donation amount is realized.

Please deduct \$ _____ indefinitely.

NOTE: Deductions may begin as soon as the first pay period after your pledge unless you select an alternate start date.

PTO Donation: I would like to donate _____ hours of PTO at 100% (after taxes).

How would you like to be recognized?

I wish for my gift to be anonymous.

Annual gift amount	Amount per pay period
\$1,000	\$ 38.46
\$ 500	\$ 19.23
\$ 250	\$ 9.62
\$ 100	\$ 3.84
\$ 50	\$ 1.92

Signature: _____

Date: _____