

Your Name _____

Home Address _____



Circle One: I am a
Travel/Agency Staff
SMC Trustee
Foundation Board Member
Supporter of the Foundation

We are grateful for your dedication, compassion and generosity each day!
Thank you for your support of the Saunders Medical Center
2022 Foundation Employee Campaign.

I'd like my gift to go directly toward the

- Walking Trail at SMC (Phase 2)
- Pulmonary Function Test Equipment
- Area of Greatest Need
- Other _____

I'd like to give my gift via

Payroll Deduction

- Each pay period starting 01-01-23 \$ _____
- One-time cash gift via payroll deduction \$ _____

PTO (Donate my paid time off. Must maintain balance of 150 hours)

- One-time gift of _____ hours of PTO \$ _____ (completed by HR)

Cash, Check or Credit Card

- Cash Enclosed \$ _____
- Check Enclosed
- Credit Card # _____ Exp Date _____ CVC _____

TOTAL GIFT \$ _____

All levels of participation are greatly appreciated!

The Foundation will provide a receipt for your tax records. All gifts are post tax.

thank you!

YOUR SIGNATURE _____

DATE _____

In donor recognition materials, please list:

My name only Anonymous



Connecting People Who Care
With Causes That Matter