



EMPLOYEE GIVING CAMPAIGN

Your donation makes good happen in our community. You positively impact the lives of patients, members and colleagues. Thank you for your support! Visit healthpartners.com/one to make a gift online.

MAKE YOUR GIFT BY APRIL 30 AND YOUR CONTRIBUTION WILL QUALIFY FOR THE HEALTHPARTNERS MATCH.

Total gift of \$ _____

HOW WOULD YOU LIKE TO CONTRIBUTE?

1 PAYROLL DEDUCTION

- One time deduction** in September 2019.
- 24 payroll deductions**
Two payroll deductions per month, beginning September 2019 through August 2020.
- Sign me up to be a sustaining donor!**
If you choose 24 payroll deductions you can become a sustainer. That means your gift will continue until you request a change. You will receive an annual opportunity to increase, decrease, discontinue or reallocate your gift. It's that simple!

CHECK/CASH

- Check/cash enclosed**
(make checks payable to Regions Hospital Foundation)

CREDIT CARD

- Credit card: One-time gift**

Circle one: Visa MasterCard American Express Discover

Account # _____ / _____ / _____ / _____

Exp. date ____ / ____ Signature _____

In accordance with the payment card industry (PCI), we can't accept credit card information via fax or email.

PLEASE PROVIDE YOUR INFORMATION

3 (please print)

Name _____

Preferred phone _____

Preferred email address _____

Address _____

City _____ State ____ ZIP _____

Office mail stop _____

Your gift is tax-deductible to the full extent allowed by law. No goods or services were provided in exchange for your gift.

For recognition purposes, please list my name as:

- I wish to remain anonymous. Please don't include my name in any listing of donors.

Your personal information will not be shared outside of HealthPartners.

CHOOSE THE AREAS YOU WANT TO SUPPORT

2 (Select one or more)

Foundations and Clinics

- Amery Hospital & Clinic Foundation \$ _____
- Hudson Hospital Foundation \$ _____
- Lakeview Health Foundation \$ _____
- Park Nicollet Foundation \$ _____
- Regions Hospital Foundation & HealthPartners Clinic – Patient Care \$ _____
- Westfields Hospital & Clinic Foundation \$ _____

HealthPartners

- HealthPartners Hospice \$ _____
- HealthPartners Institute – Education \$ _____
- HealthPartners Institute – Research \$ _____
- HealthPartners Reach Out and Read (early literacy initiative) \$ _____

Regions Hospital

- Wishing Well (immediate hardship needs)..... \$ _____

TOTAL \$ _____

Please interoffice mail your form. If you're interested in making a gift using stock or a donor advised fund, contact us at one@healthpartners.com.

REMINDER TO SUSTAINERS

Do not complete a new pledge form. Instead, check your email for your annual opportunity to review and make changes to your gift.

Please return completed form to:
Regions Hospital Foundation
640 Jackson St., Mail Stop: 11202C
St. Paul, MN 55101

Questions? Call **651-254-3864** or email one@healthpartners.com.

