



community together

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 view all fund options or make a gift online.

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

GIVE YOUR WAY

1 CHOOSE THE AREAS YOU WANT TO SUPPORT (Select one or more)

Patient Care:

- Area of Greatest Need \$ _____
- Unrestricted General Fund \$ _____
- Patient Care \$ _____
- Community Grants \$ _____
- Giving Tree Fund \$ _____
- Good Samaritan Fund \$ _____
- Cancer Center Little Blessings Fund \$ _____
- Scholarship Fund \$ _____
- Transportation Fund \$ _____
- Amery Hospital & Clinic Foundation \$ _____
- Hudson Hospital Foundation \$ _____
- Lakeview Health Foundation \$ _____
- Park Nicollet Foundation \$ _____
- Regions Hospital Foundation & HealthPartners
Clinic - Patient Care \$ _____
- HealthPartners Institute - Education \$ _____
- HealthPartners Institute - Research \$ _____
- TOTAL** \$ _____

SIGN ME UP TO BE A SUSTAINING DONOR

3 BECOME A SUSTAINER

Sustaining gifts guarantee a strong foundation year after year. Benefits include:

- Easy payroll deduction from 24 pay periods.
- Your charitable contribution 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!
- You choose the amount and the programs that you want to support.

PLEASE PROVIDE YOUR INFORMATION.*

4

Name _____

Home address _____

City/State/ZIP _____

Preferred email address _____

Primary location, dept. and/or mail stop _____

*This information will not be shared outside of HealthPartners

Please return completed form or send questions to:

Westfields Hospital Foundation
 535 Hospital Road
 New Richmond, WI 54017
 715-243-2942
joann.m.wrich@westfieldshospital.com

HOW WOULD YOU LIKE TO CONTRIBUTE? (Please choose one)

2a PAYROLL DEDUCTION

Two payroll deductions per month, beginning September 2019. Select the amount you wish to have deducted per pay period.

- \$100 \$50 \$20 \$10 \$5 (other) _____

Total annual contribution:
 Per pay period amount x 24 = \$ _____

SIGN ME UP TO BE A SUSTAINING DONOR



One-time payroll deduction of \$ _____ to be deducted from my first paycheck in September 2019.

2b PTO DONATION IN HOURS _____ hours value

2c CREDIT CARD/CHECK/CASH

- \$500 \$100 \$50 \$25 (other) _____

Circle one: Check Cash American Express Discover MasterCard Visa

Account # _____ Exp. Date _____

Security Code _____ Signature _____

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

If you choose PTO donation, hours will be deducted May 10, 2019.



Westfields Hospital & Clinic Foundation

HealthPartners®