



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 AND AMERY HOSPITAL & CLINIC MATCH.

GIVE YOUR WAY

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

Amery Hospital & Clinic support

- Community Well-being (Make It OK, PowerUp, classes, etc.) \$ _____
- Employee to Employee Assistance \$ _____
- Greatest Need (general unrestricted fund) \$ _____
- Patient Care \$ _____

Organization-wide support

- HealthPartners Institute – Education \$ _____
- HealthPartners Institute – Research \$ _____
- Hudson Hospital Foundation \$ _____
- Lakeview Health Foundation..... \$ _____
- Park Nicollet Foundation..... \$ _____
- Regions Hospital Foundation & HealthPartners Clinic – Patient Care \$ _____
- Westfields Hospital & Clinic Foundation \$ _____

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 Amery Hospital & Clinic.

Please return completed form to:

Amery Hospital & Clinic Foundation
265 Griffin St. E.
Amery, WI 54001
715-268-0303
foundation@amerymedical.com

HOW WOULD YOU LIKE TO CONTRIBUTE?

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) _____

One-hour club

Donate one hour of pay each of 24 pay periods.

Total annual contribution:

Per pay period amount x 24 = \$ _____



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

2b PTO DONATION IN HOURS _____

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.



Amery Hospital & Clinic Foundation

HealthPartners®