



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](http://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**

(Please select at least one or more. Multiple selections will be divided equally.)

**Hudson Hospital support**

- General Unrestricted Contribution
- Birth Center
- Board Designated Endowment
- Board Designated Healing Arts Endowment
- Cancer Care
- Emergency Care
- Employee Emergency Grant
- Good Samaritan
- Heart Care
- Pediatric Care
- Healing Arts
- Life Assist Home Monitoring

- Nurses Education
- Programs for Change

**Organization-wide support**

- Amery Hospital & Clinic Foundation
- Lakeview Health Foundation
- Park Nicollet Foundation
- Regions Hospital Foundation and HealthPartners Clinic – Patient Care
- Westfields Hospital & Clinic Foundation
- HealthPartners Institute – Education
- HealthPartners Institute – Research

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.

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

**2a PAYROLL DEDUCTION**

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

- \$100   \$50   \$25   \$20   \$10   \$5   (other)
- \_\_\_\_\_

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**

Charge \$ \_\_\_\_\_ to my:    American Express    Discover

MasterCard    Visa    Check   Cash \$ \_\_\_\_\_

Account # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_   Exp. Date \_\_\_\_ / \_\_\_\_

Security Code \_\_\_\_\_   Signature \_\_\_\_\_

**PLEASE PROVIDE YOUR INFORMATION.\***

**4**

Name \_\_\_\_\_

Home address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Please check one:

- Hudson Hospital & Clinic employee
- Hudson Physicians employee

Primary location, dept. and/or mail stop \_\_\_\_\_

\*This information will not be shared outside of Hudson Hospital & Clinic.

Please return completed form to:

Kari Rambo, Hospital Foundation, 715-531-6075  
Michelle Sell, Hudson Physicians, 715-531-6958

