



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 and Programs at Lakeview:

- Greatest Need \$ _____
- Caring for Colleagues \$ _____
- Diabetes Education \$ _____
- Emergency Medicine Services \$ _____
- Faith Community Nursing \$ _____
- Hospice & Homecare Services..... \$ _____
- Integrative Therapies (music, massage, art) \$ _____
- Lakeview Scholarship Program \$ _____
- Mental Health Care Navigation \$ _____
- PowerUp \$ _____
- Prescription Assistance Program \$ _____

- Amery Hospital & Clinic Foundation \$ _____
- HealthPartners Institute – Education \$ _____
- HealthPartners Institute – Research \$ _____
- Hudson Hospital Foundation \$ _____
- Park Nicollet Foundation \$ _____
- Regions Hospital Foundation & HealthPartners
Clinic – Patient Care \$ _____
- Reach Out & Read (early literacy initiative) \$ _____
- Westfields Hospital 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 HealthPartners.

Please return completed form or send questions to:

Lakeview Health Foundation
 927 Churchill St. W.
 Stillwater, MN 55082
 651-430-4556
paul.l.erickson@lakeview.org

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 = \$ _____



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

2b CREDIT CARD/CHECK/CASH

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

Circle one: Check Cash American Express Discover Master Card Visa

Account # _____ Exp. Date _____

Security Code _____ Signature _____

