



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.

GIVE YOUR WAY

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

Park Nicollet Foundation programs

- \$_____ Area of greatest need
- \$_____ Caring for Colleagues program
- \$_____ Diabetes program
- \$_____ Frauenschuh Cancer Center
- \$_____ Hospice
- \$_____ Jane Brattain Breast Center
- \$_____ Melrose Center
- \$_____ Stroke INSPIRE
- \$_____ Struthers Parkinson's Center
- \$_____ TRIA
- \$_____ Women's Center and Services

Park Nicollet community support

- \$_____ Park Nicollet sponsored school-based health centers
- \$_____ Growing Through Grief support groups
- \$_____ Adolescent tele-mental health
- \$_____ Greater Twin Cities United Way

Hope Chests

- \$_____ Department and location _____
- \$_____ **Other:** _____

Organization-wide support

- \$_____ Amery Hospital & Clinic Foundation
- \$_____ Children's Health Initiative
- \$_____ HealthPartners Institute
- \$_____ Hudson Hospital Foundation
- \$_____ Lakeview Health Foundation
- \$_____ Regions Hospital Foundation & HealthPartners Clinic - Patient Care
- \$_____ Westfields Foundation

Total gift of \$ _____

HOW WOULD YOU LIKE TO CONTRIBUTE?

2 PAYROLL DEDUCTION

- Per pay period:**
You may choose to have your gift split evenly throughout:
circle one: **24 pay periods** **12 pay periods**
- Sign me up to be a sustaining donor!**
Sustaining gifts are made via payroll deduction and will continue until you request a change.
- One time deduction in:**
_____ (month) _____ (year)

CHECK/CASH (payable to Park Nicollet Foundation)

CREDIT CARD

- Visa MasterCard American Express Discover
- Account # _____
- Exp. date _____ Signature _____
- Please bill me
- Stock
- Donor advised fund
- Please contact me about a gift through my/our will or estate plan

CONTACT INFORMATION

3 Name _____ Phone _____
 Email _____
 Address _____
 City _____ State _____ ZIP _____

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 gift is tax deductible as allowable by law. Please print and complete this form, then mail, email or fax to: Park Nicollet Foundation, 6500 Excelsior Blvd., St. Louis Park, MN 55426, foundation@parknicollet.com or 952-993-6745 (fax). In accordance with the payment card industry (PCI), we cannot accept credit card information via fax or email.

