

DIGNITY RISING EMPLOYEE GIVING CAMPAIGN 2018

February 19 – April 3, 2018

Please print clearly and complete Steps 1-5

1. Employee Information

Employee # _____ (circle one) CRMC | MGMC

Yes, I wish to participate in the **Dignity Rising Campaign**

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Department: _____

E-mail: _____

2. Ways to Give

Automatic Payroll Deduction

Pledge through an automatic payroll deduction, which begins after the Foundation processes this form.

(26 pay periods per year **for five years**)

I gift \$ _____ per pay period

I gift \$ _____ one-time deduction

I gift _____ hour(s) of Paid Time Off (PTO), one time

I gift _____ hour(s) of PTO per pay period, over 5 years

Healing Hour Club: Enroll me in the Healing Hour Club! My

gift of one hour of pay per pay period will be automatically calculated and deducted from each paycheck.

Cash/Check Donation: \$ _____ enclosed

Credit Card Donation: \$ _____

Please charge my: Visa MasterCard

Annually Semi-Annually Quarterly One Time

By calling the Foundation at 480.728.3931, or

By paying securely online at Igive.DignityHealth.org

3. Gift Designation

Please select from the following

Dignity Rising Campaign

CRMC Expansion

MGMC Women and Children's Tower

Other: _____

4. Gift Recognition

Following is the manner in which my name is authorized to appear on any official/public recognition:

Type or print name here: _____

In Memory of: _____

In Honor of: _____

Please do not list any name, as I/we wish to remain anonymous

5. Signature Statement

All gifts to the Dignity Health Foundation - East Valley are tax deductible. Gifts by payroll deduction are rolled over annually. You may modify, increase, or cease your gift at any time. I understand that if I cease to be an employee of Dignity Health, or am unable to fulfill my pledge, I am not obligated nor will I be held accountable to fulfill this pledge. See your tax advisor for advice.

Signature: _____

Date: _____

For questions or how to use the ESS System: Call us at 480.728.3931 or e-mail us at eastvalleyfoundation@DignityHealth.org



DIGNITY RISING EMPLOYEE GIVING CAMPAIGN 2018

February 19 – April 3, 2018

Suggested Giving Plans

Total Gift	Annual	<i>Per Pay Period</i>	Monthly	Weekly	Daily
\$50,000	\$10,000	\$385	\$834	\$193	\$28
\$25,000	\$5,000	\$193	\$417	\$97	\$14
\$12,000	\$2,400	\$93	\$200	\$47	\$7
\$9,000	\$1,800	\$70	\$150	\$35	\$5
\$6,000	\$1,200	\$47	\$100	\$24	\$4
\$3,000	\$600	\$24	\$50	\$12	\$2

