OSF St. Mary Medical Center Foundation Council
Caring – Sharing Employee Campaign Giving Form

Print Name_____ Employee Number _____

Address _____ Division/Department_____

City/State/Zip_____ Work Phone #_____

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EMPLOYEE AUTHORIZATION FOR PAYROLL DEDUCTION

- ☐ OSF St. Mary **Visionary** 60 minutes of hourly wage per pay period
- ☐ OSF St. Mary **Benefactor** 45 minutes of hourly wage per pay period
- ☐ OSF St. Mary **Steward** 30 minutes of hourly wage per pay period
- ☐ OSF St. Mary **Sponsor** 15 minutes of hourly wage per pay period

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OR

EMPLOYEE AUTHORIZATION FOR PTO DONATION

I wish to contribute the following Paid Time Off (PTO) to the OSF St. Mary Medical Center Foundation:

_____ PTO Hours (8 hour minimum)
(number)

I understand that this will be deducted from my payroll check/advice for the **after-tax amount** of my contribution. In order to facilitate updating my HR file, I also understand that HR will be notified of the number of hours that I have contributed. Refer to the Policy for further information.

I understand all checks to the OSF St. Mary Medical Center Foundation from my PTO Bank will be issued for the current Tax Year _____(initial here)

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OR

CASH CONTRIBUTION

☐ I wish to make a cash gift at this time. Enclosed is my contribution of $_____

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PLEASE PRINT YOUR NAME BELOW AS YOU WOULD LIKE IT TO APPEAR FOR DONOR RECOGNITION.

_____

☐ I wish for my gift to remain anonymous and do not want to be listed in any donor recognition.

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YOUR SIGNATURE AUTHORIZES ANY OF THE ABOVE CONTRIBUTIONS.

Signed _____ Date_____