



with a *Mary* heart

Employee Giving Campaign

Please print clearly and completely fill in this form.

Name: _____ Phone number: _____

Email: _____ Employee ID: _____

Address: _____ City: _____ State: _____ Zip code: _____

Display name (all employee donors will be recognized on monitors in the hospital lobby.):

_____ -or- I would like my gift to remain anonymous

where your *dollars* go

Please designate my gift to the following fund:

- Patient Assistance Fund
- Pediatric Initiative (Featured fund)
- Employee-to-Employee Giving
- Wheelchair & Adaptive Sports
- I would like to designate my gift to the Heart of West Michigan United Way.

ways to *give*

One-time Donation

- Enclosed is my check for \$_____ made payable to Mary Free Bed Foundation
 - Enclosed is a cash donation of \$_____
 - I would like to donate _____ hours of PTO
 - I would like to donate \$_____ with my credit card: MasterCard Visa Amex Discover
- Card # _____ Exp. date _____ Security code _____
- Signature _____

Payroll Deduction

Payroll deduction will begin Jan. 11, 2019 and last 26 pay periods.

- \$5 per pay period (\$130 gift)
 - \$10 Per pay period (\$260 gift)
 - \$15 Per pay period (\$390 gift)
 - \$20 Per pay period (\$520 gift)
 - \$25 per pay period (\$650 gift)
 - \$50 per pay period (\$1,300 gift)
 - \$75 per pay period (\$1,950 gift)
 - \$100 per pay period (\$2,600 gift)
- I would like to donate \$_____ through payroll deduction (Signature required. Deduction taken Jan. 11, 2019.)
 - Other: I would like to donate \$_____ each pay period for #_____ pay periods for a total of \$_____ (payroll deductions start at \$5 per pay period)

**SIGN
HERE**



I _____, hereby authorize my employer, Mary Free Bed Rehabilitation Hospital, to deduct the amount designated to support the With a Mary Heart Employee Giving Program. Payroll deduction will begin Jan. 11, 2019.

Please return your completed commitment form to the Mary Free Bed Foundation office located in the Professional Building just outside the Meijer Conference Center (Room C) or through interoffice mail attn: Kelly Koerner.

Thank You

FOR YOUR GIFT

Mary Free Bed[®]
Rehabilitation Hospital Foundation

Your decision to donate to the With a Mary Heart Employee Giving Campaign is an opportunity to deepen your commitment to our mission, above and beyond the time, talent and heart you give each day.

To show our appreciation for your generosity and for helping the Mary Free Bed Foundation create a culture of philanthropy, we offer the following incentives. Please check the incentive of your choice based on your pledge or one-time gift.

No gift

Any gift

- With a Mary Heart badge reel



Pledged donation of \$100-\$249

Choose one:

- Sling Backpack Ceramic Mug



Pledged donation of \$250-\$499

Choose one:

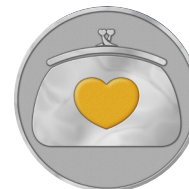
- Umbrella Water Bottle



Pledged donation of \$500-\$999

Choose one:

- Heart of Gold lapel pin Bluetooth wireless speaker



Pledged donation of \$1,000+

- Heart of Gold lapel pin and Mary Free Bed Sport-Tek pullover

Size:

- S M L XL XXL

Gender:

- Female Male

