



with a *Mary* heart

Employee Giving Campaign

Please print clearly and completely fill in this form.

Name: _____ Phone number: _____

Email: _____ Employee ID/Department: _____

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

Display name (all employee donors will be recognized on monitors throughout the hospital campus):

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

where your *dollars* go

Please designate my gift to the following fund:

- | | | |
|--|--|--|
| <input type="checkbox"/> Mary's Mug Club (Also select fund to designate gift) | <input type="checkbox"/> Patient Assistance Fund | <input type="checkbox"/> Employee-to-Employee Giving |
| <input type="checkbox"/> Association for the Blind and Visually Impaired (Featured Fund) | <input type="checkbox"/> Matthew Fitzpatrick Memorial Scholarship Fund | <input type="checkbox"/> Pediatric Hospital Capital Fund (Vision Shared by Mary Free Bed Rehabilitation and Helen DeVos Children's Hospital) |
| <input type="checkbox"/> Mary's Mission | <input type="checkbox"/> Wheelchair & Adaptive Sports | <input type="checkbox"/> Other _____ |

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 to the fund listed above. (Payroll deduction will take place 3/3/2023.)
- ☐ 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 May 12, 2023 and last 26 pay periods.

- ☐ Join Mary's Mug Club and make a one-time \$130 payroll deduction (Signature required. Payroll deduction will take place 3/3/2023.)
- | | | |
|---|--|---|
| <input type="checkbox"/> \$5 per pay period (\$130 gift) | <input type="checkbox"/> \$10 per pay period (\$260 gift) | <input type="checkbox"/> \$15 per pay period (\$390 gift) |
| <input type="checkbox"/> \$20 per pay period (\$520 gift) | <input type="checkbox"/> \$25 per pay period (\$650 gift) | <input type="checkbox"/> \$50 per pay period (\$1,300 gift) |
| <input type="checkbox"/> \$75 per pay period (\$1,950 gift) | <input type="checkbox"/> \$100 per pay period (\$2,600 gift) | |
- ☐ I would like to donate \$_____ for one year (26 pay periods) through payroll deduction (Signature required. Deduction begins May 12, 2023.)
- ☐ 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 May 12, 2023.

Please return your completed form by email to ashley.koop@maryfreebed.com or through interoffice mail attn.: Ashley Koop. Questions? Contact Ashley Koop at 616.840.9865 or ashley.koop@maryfreebed.com.

Thank You

FOR YOUR GIFT

Mary Free Bed
Rehabilitation Hospital Foundation

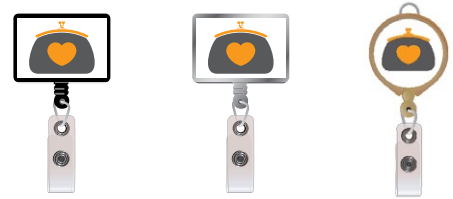
Your decision to donate to the *With a Mary Heart* Employee Giving Campaign is an opportunity to deepen your commitment to our mission, above and beyond the time, talent and heart you give each day.

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 the amount of your pledge or one-time gift.

☐ No gift

☐ Any gift

- ☐ *With a Mary Heart* badge reel
 - Black: One-year donor
 - Chrome: Two-year donor
 - Gold: Three-plus-year donor



☐ Pledged donation of \$130-\$249

Choose one:

- ☐ Embroidered Carhartt® Beanie
- ☐ Owala™ FreeSip® 24oz Stainless Steel (choose color):
 - ☐ Black ☐ Dark Gray ☐ White



☐ Pledged donation of \$250-\$499

Choose one:

- ☐ Carhartt® Canvas Packable Duffel with Pouch
- ☐ Nike Swoosh Legacy 91 Cap
 - ☐ Black ☐ White



☐ Pledged donation of \$500-\$999

Choose one:

- ☐ Eddie Bauer Trail Soft Shell
 - Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL
 - Cut: ☐ Female ☐ Male
 - Color: ☐ Gray ☐ Black
- ☐ TUFF Tech™ Cup Mount Phone Holder



☐ Pledged donation of \$1,000+

- ☐ Game Day Director's Chair
- ☐ Clique Puffer Jacket
 - Cut: ☐ Female ☐ Male
 - Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL



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