

give together

EvergreenHealth
Foundation

Grow Together

WORKPLACE GIVING CAMPAIGN

2025 GIFT FORM

Employee Information

Please print clearly

Name: _____

Department: _____ MS#: _____

Please check appropriate box: ☐ Staff ☐ Physician ☐ Volunteer

Email Address: _____

Work Phone: _____

Work/Home Address: _____

Gift Designation

Please direct my gift to...

☐ **Give Together, Grow Together Fund:** EvergreenHealth's 'Give Together, Grow Together Fund' supports staff and physician-proposed projects. In 2025, these funds will be redistributed to fund small unbudgeted initiatives that improve patient care and experience, giving physicians and providers the opportunity to spearhead new and innovative ideas.

☐ **Employee Financial Assistance Fund:** EvergreenHealth established an Employee Financial Assistance Fund as part of our commitment to support the well-being of our EvergreenHealth family. Employees experiencing financial hardship are eligible to apply for assistance and upon review by committee, employees may receive financial support to help pay for basic needs, bills, etc.

☐ **Clinical Excellence Fund:** Nurses and healthcare professional are the backbone of our community. Contributions to this fund will invest in the training and education that supports both nursing residents and experienced healthcare professionals as they train in specialty areas.

☐ **Greatest Needs Fund:** As a non-profit, public district hospital, your support makes a difference in helping us advance the health and well-being of our community. Gifts to this fund allow the Foundation to allocate funds according to the most urgent and impactful areas of EvergreenHealth as they arise.

☐ **Other:** _____

Submitting Your Gift

Please return via one of the following options:

1. Foundation Office MS #5 (Interoffice Mail)
2. Mail to:
EvergreenHealth Foundation
12040 NE 128th Street, MS #5, Kirkland, Washington 98034
3. Give online at CampaignForEvergreenHealth.com



THREE EASY WAYS TO GIVE

Payment Methods

All gifts are fully tax deductible.

1. **One-time Cash Gift:** Gift Amount: _____

Credit Card: ☐ VISA ☐ Mastercard ☐ AMEX ☐ Discover

Name Printed on Card: _____

Card #: _____

Expiration Date: _____

2. **Donation of PTO Hours:** I authorize _____ PTO Hours to be donated to the **Give Together, Grow Together Fund**. I have been employed by EvergreenHealth for at least (6) months and am eligible to accrue PTO benefits.

3. **Payroll Deduction:** I understand that my designated pledge(s) will be deducted from each paycheck beginning with the first pay period of 2026. My payroll deduction pledge will roll over each year automatically until I advise the Foundation regarding changes or termination.

☐ I am new to the campaign for EvergreenHealth and would like to donate via Payroll Deduction as indicated below.

☐ I currently give through payroll deduction and have made changes to my gift as indicated below.

DEDUCTION PER PAY PERIOD:

_____ \$20 _____ \$15 _____ \$10 _____ \$5 _____ Other \$ per pay check

Signature: _____

Employee ID#: _____

Date: _____