

# Give Together Grow Together

Workplace Giving Campaign

## 2023 GIFT FORM

### Employee Information

Please print clearly

Name: \_\_\_\_\_

Department: \_\_\_\_\_ MS#: \_\_\_\_\_

Please check appropriate box:  Staff  Physician  Volunteer

Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work/Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Submitting Your Gift

Please return via one of the following options:

- Foundation Office MS #5 (Interoffice Mail)
- Mail to:  
**EvergreenHealth Foundation**  
12040 NE 128th Street, MS #5, Kirkland, Washington 98034
- Give online at [CampaignForEvergreenHealth.com](https://CampaignForEvergreenHealth.com)



**Give Together, Grow Together Fund:** EvergreenHealth's 'Give Together, Grow Together Fund' supports staff-proposed projects. In 2024, funds contributed to this year's campaign will be redistributed to departments who submit proposals to fund small unbudgeted initiatives that improve patient care and experience. Our collective giving gives us a greater opportunity to invest in these home-grown initiatives that promote the health and well-being of those we serve. When we give together, we grow together.

**Dr. Tomlin Medical Excellence Fund:** In recognition of Dr. Jeff Tomlin's leadership as CEO of EvergreenHealth and long legacy of service to our health system, this newly created fund will impact future initiatives that proactively and innovatively address the greatest health care needs at EvergreenHealth. Funds donated in his honor will carry forward Dr. Tomlin's legacy, helping us prepare to meet the future health care needs of our community.

### Payment Methods

All gifts are fully tax deductible.

## THREE EASY WAYS TO GIVE

Please direct my gift to:

- Give Together, Grow Together Fund
- Dr. Tomlin Medical Excellence Fund
- Other: \_\_\_\_\_

**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 2024. My payroll deduction pledge for the **Give Together, Grow Together Fund** 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

**Example of payroll deduction method: \$10 x 26 pay periods = \$260 annually**

100% of your gift to EvergreenHealth goes directly towards the Give Together, Grow Together Fund or your designation above.

Signature: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Date: \_\_\_\_\_