



Workplace Giving Campaign

2025 PHYSICIAN & APP CIRCLE GIFT FORM

Physician Information Please print clearly

Name _____ Employee ID # _____

Department _____ MS# _____

Email _____

Work Phone _____

Work/Home Address _____

Gift Designation

Please direct my gift to...

- ☐ **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.
- ☐ **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.
- ☐ **Give Together, Grow Together Fund**
EvergreenHealth's 'Give Together, Grow Together Fund' supports staff and physician-proposed projects. In 2024, 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.
- ☐ **Other** _____

The EvergreenHealth Foundation's Physician & APP Circle is a group of active and retired physicians and providers who promote the EvergreenHealth culture of philanthropy by giving back on an annual basis. Support via the Physicians Circle ensures that EvergreenHealth continues to be on the forefront of healthcare for our growing community.

Submitting Your Gift

1. Foundation Office MS #5 (Interoffice Mail)
2. Mail to: **EvergreenHealth Foundation**
12040 NE 128th Street, MS #5
Kirkland, WA 9034
3. Online at EvergreenHealthFoundation.com/Physicians-circle

Give Online



Three Easy Ways to Give

Minimum annual gift of \$2600 required for membership.

Please Note: Payroll deductions and monthly payments will roll over each year automatically unless the Foundation office is notified regarding changes or termination.



1. Payroll Deduction

- ☐ \$100 per paycheck (minimum for membership)
- ☐ Other \$ _____ per paycheck



2. One-Time Gift

- ☐ \$2,600 annual gift (minimum for membership)
- ☐ Other \$ _____



3. Monthly Payment

EvergreenHealth Foundation office will contact you for payment information.

- ☐ \$217 per month (minimum for membership)
- ☐ Other \$ _____

Signature _____ Date _____

Membership benefits are non-transferable and must be used by the physician and a guest. Annual tax statements will be issued based on benefits used throughout the year.

