

Donation Form

Name: _____ **Job Title:** _____

Department: _____ **UPMC Employee ID:** _____

Home Address: _____

Home Phone: _____ **Email:** _____

GIVING OPTIONS:

Payroll Deduction: I would like to make my ongoing donation through payroll deduction and understand that I may discontinue my pledge at any time. I understand that if I already have an ongoing active pledge that this new pledge will replace it. If I do nothing, my former pledge will remain in effect. Pledges take effect next pay.

1. Bi-Weekly Payroll Deduction Gift Amount

- | | |
|--|--|
| <input type="checkbox"/> \$1 per pay (\$26 per year) | <input type="checkbox"/> \$15 per pay (\$390 per year) |
| <input type="checkbox"/> \$5 per pay (\$130 per year) | <input type="checkbox"/> \$25 per pay (\$650 per year) |
| <input type="checkbox"/> \$10 per pay (\$260 per year) | <input type="checkbox"/> \$50 per pay (\$1,300 per year) |
| <input type="checkbox"/> Other Amount per pay \$ _____ | |

2. Monthly Payroll Deduction Gift Amount

- ☐ \$50 per pay (\$600 per year)
- ☐ \$100 per pay (\$1,200 per year)
- ☐ \$150 per pay (\$1,800 per year)
- ☐ \$250 per pay (\$3,000 per year)
- ☐ Other Amount per pay \$ _____

One Time Donation: I would like to make my donation in the amount of
\$ _____ by:

- ☐ Check (enclosed, made payable to Northwest Hospital Foundation)
- ☐ Cash
- ☐ Mastercard
- ☐ Visa
- ☐ Discover

Credit Card #: _____ Exp. Date: _____ CVV: _____

Signature: _____ Date: _____

PLEASE DIRECT MY GIFT TO ONE OF THE FOLLOWING:

- | | |
|--|---|
| <input type="checkbox"/> Greatest Need | <input type="checkbox"/> Nurses Education Fund |
| <input type="checkbox"/> Patient Hardship | <input type="checkbox"/> Medical Staff Scholarship |
| <input type="checkbox"/> NW Cancer Center | <input type="checkbox"/> Stephen C. & Marie F. Cenedella Nursing Scholarship Fund |
| <input type="checkbox"/> Presents for Patients | <input type="checkbox"/> Capital Purchases/Improvements |
| <input type="checkbox"/> Other _____ | |

TRIBUTE GIFT:

Is this gift in honor or memory of someone? _____ Yes _____ No

This gift is: _____ In Memory of _____ In Honor of

Name(s): _____

Send Notification to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Your memorial will be promptly acknowledged. The acknowledgement will also be sent to those you designate to inform of your thoughtfulness. (No amount of your gift will be mentioned).

RECOGNITION INFORMATION:

Do you want your donation to be recognized as "Anonymous"? _____ Yes _____ No

If not, how would you like your name to appear on official donor recognition lists?

_____ If there is nothing noted here, we will recognize your gift as listed on the top of this form.

I authorize the above deduction.

Signature: _____ **Date:** _____

This pledge remains in effect only while you are employed at UPMC on an ongoing basis unless you make other arrangements. All payroll deduction pledges will be based on the amounts indicated on this signed pledge form.

Your gift is deductible for income tax purposes to the full extent provided by law. You will receive a written acknowledgment of your pledge. If for some reason you wish to modify or discontinue your pledge at any time, simply notify Northwest Hospital Foundation in writing.

Return this form to Northwest Hospital Foundation using the box in the Northwest Cafeteria or by interoffice mail (Seneca Place mail bin).

Gifts must be received by each Friday at noon to be eligible for the weekly prize drawing. If you have an ongoing payroll deduction, you will be automatically entered into the drawings and do not need to fill out this form.

Together we make a difference. Together we

GIVE