

# Hennepin Healthcare Foundation

## *Together We Care Pledge*



Thank you for making a donation during Together We Care! You can choose to support the programs and departments of Hennepin Healthcare, Hennepin Healthcare Research Institute, MVNA, or any qualifying nonprofit by donating through payroll deduction, PTO, or a one-time donation. With your participation, we can enhance our patient and family experience, advance our education and training programs, and ensure a future of exceptional care for those who depend on us most.



Your donation, whatever its size, will quickly be put to work making a positive difference in the lives of many, and assuring that Hennepin Healthcare continues the tradition of great services for generations to come.

### Contact Information

Name: \_\_\_\_\_ PeopleSoft ID #: \_\_\_\_\_

Work Email: \_\_\_\_\_ Department & Mail Code: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Consent

- I would like my donation to be automatically renewed annually until I cancel or increase my annual donation to Hennepin Healthcare Foundation.
- I wish to remain anonymous on all donor recognition material.
- I understand that any authorization for payroll contribution will remain in effect until my commitment is fulfilled, it is canceled in writing by me, employment separation occurs.

Signature: \_\_\_\_\_

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

Please return this form to the Foundation office LSB.3, or via email to [Karin.meier@hcmcd.org](mailto:Karin.meier@hcmcd.org)

**See page 2 for donation and gift distribution information**

Questions? Contact Karin Meier at [Karin.meier@hcmcd.org](mailto:Karin.meier@hcmcd.org) or 612-873-75520

## Donation Methods

Please select one of the following methods.

### Payroll Deductions

- Ongoing payroll contribution: \$\_\_\_\_\_ (per pay period) x 24 = \$\_\_\_\_\_ total (begins in January 2021)
- One time payroll contribution: \$\_\_\_\_\_ (deducted from first paycheck in January 2021)

### Credit Card Donation

- One time credit card donation: \$\_\_\_\_\_
- Visa       MasterCard       American Express
- CC#: \_\_\_\_\_ Exp. (MM/YY): \_\_\_\_\_ CSC#: \_\_\_\_\_
- Signature: \_\_\_\_\_

### Check Donation

- Check donation: \$\_\_\_\_\_ enclosed (payable to Hennepin Healthcare Foundation)

### Paid Time Off (PTO) Donation

- Hours of unused 2020 PTO (1-hour increments): \_\_\_\_\_
- (Transaction will take place in February 2021 and can only be donated to Hennepin Healthcare funds.)

## Gift Distribution

Please note: PTO donations **can only** be donated to Hennepin Healthcare funds.

Allocate 100% of my gift to

- Hennepin Healthcare Foundation     Community Health Charities     Community Shares     United Way
- Other nonprofit (provide address and tax ID): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Allocate my gift to multiple funds

Please note: donation will be evenly distributed unless you include amount you'd like to distribute to each.

Fund: \_\_\_\_\_ Amount: \_\_\_\_\_

Fund: \_\_\_\_\_ Amount: \_\_\_\_\_

Fund: \_\_\_\_\_ Amount: \_\_\_\_\_