

Thank you for making an impact through Together We Care! Our workplace and community are stronger when we give together to the programs and causes we care about. You can select programs with a charitable fund at Hennepin Healthcare Foundation, the Hennepin Healthcare Research Institute, or any qualifying nonprofit. TWC makes is easy with options like payroll deduction, PTO contributions, or one-time payments.

Whatever the size, your donation combines with hundreds of others to support meaningful work.

**Thank you!**

**Contact Information**

Name: Click or tap here to enter text. PeopleSoft ID: Click or tap here to enter text.

Work Email: Click or tap here to enter text.

Department: Click or tap here to enter text. Mail Code: Click or tap here to enter text.

Home Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

**Consent**

I understand that any authorization for payroll contribution will remain in effect until my commitment is fulfilled, it is cancelled in writing by me, or employment separation occurs.

I would like my donation to be automatically renewed each year until I cancel or increase my annual donation.

I wish to remain anonymous on all donor recognition materials, including the annual report and donor wall.

**Signature:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

**Donation Methods:** *Please select one of the following methods*

**Payroll Deduction**

Ongoing payroll contribution: $ Click or tap here to enter text. (per pay period) x 24 = $Click or tap here to enter text. total (begins January 2022)

One time payroll contribution: $ Click or tap here to enter text. (deducted from first paycheck in January 2022)

**Credit Card Donation**

One time credit card donation totaling $Click or tap here to enter text.

Visa  MasterCard  American Express

Credit card #: Click or tap here to enter text. Expiration: Click or tap here to enter text. CSC#: Click or tap here to enter text.

Signature: Click or tap here to enter text.

**Check Donation**

Check enclosed made payable to Hennepin Healthcare Foundation for $ Click or tap here to enter text.

**Gift Distribution:**

Allocate 100% of my gift to:

Hennepin Healthcare Foundation  Hennepin Healthcare Research Institute  CHC  United Way

Other nonprofit (provide legal name, address and tax ID) Click or tap here to enter text.

Allocated my donation to multiple funds

Please note: Your donation will be evenly distributed unless you include a specific fund amount.

Fund Name or Number: Click or tap here to enter text. Amount: $Click or tap here to enter text.

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**PTO/Vacation Contribution**

PTO/Vacation contributions support programs of Hennepin Healthcare. Transaction will take place in February of 2022 and can only be donated to a Hennepin Healthcare Foundation charitable fund.

Total Donated Hours of 2021 PTO/Vacation (1-hour increments): Click or tap here to enter text.

HHF Charitable Fund:Click or tap here to enter text. # of Hours Click or tap here to enter text.

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**Please return this form to the Foundation office via intercampus mail or email to:** [**foundation@hcmed.org**](mailto:foundation@hcmed.org)