

Together We Care



Inspire • Rise • Give • Rely On Each Other

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 it 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: _____ PeopleSoft ID: _____

Work Email: _____

Department: _____ Mail Code: _____

Home Address: _____

City: _____ State: _____ Zip: _____

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: _____ **Date:** _____

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

Payroll Deduction

- Ongoing payroll contribution: \$_____ (per pay period) x 24 = \$_____ total (begins January 2022)
- One time payroll contribution: \$_____ (deducted from first paycheck in January 2022)

Credit Card Donation

- One time credit card donation totaling \$_____
- Visa MasterCard American Express

Credit card #: _____ Expiration: _____ CSC#: _____

Signature: _____

Check Donation

- Check enclosed made payable to Hennepin Healthcare Foundation for \$ _____

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) _____

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: _____	Amount: \$ _____
Fund Name or Number: _____	Amount: \$ _____
Fund Name or Number: _____	Amount: \$ _____

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): _____
- HHF Charitable Fund: _____ # of Hours _____
- HHF Charitable Fund: _____ # of Hours _____

Please return this form to the Foundation office via intercampus mail or email to: foundation@hcmcd.org