

# 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 in support of 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: 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 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.

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## Donation Methods:

(Please select one of the following)

### 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 2023)
- One time payroll contribution: \$ Click or tap here to enter text. (deducted from first paycheck in January 2023)

### Credit Card Donation

- A monthly credit card donation of \$ Click or tap here to enter text. x 12 months = \$Click or tap here to enter text.
- 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 (or typed initials): Click or tap here to enter text.

### Check Donation

- The check enclosed is made payable to Hennepin Healthcare Foundation for \$ Click or tap here to enter text.

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## Gift Distribution:

Allocate 100% of my gift to:

- Hennepin Healthcare Foundation     Hennepin Healthcare Research Institute     CHC     United Way
- Other nonprofit (provide legal name, mailing address and Tax ID) Click or tap here to enter text.

Allocate my donation to multiple HHF/HHRI 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.

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

Amount: \$Click or tap here to enter text.

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

Amount: \$Click or tap here to enter text.

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## PTO/Personal Time Off (Vacation) Contribution

This PTO/Personal Time Off transaction will take place in February of 2023 and can only be used to donate to a Hennepin Healthcare Foundation charitable fund.

Total Donated Hours of 2022 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.

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 by Oct 21, 2022 to the Foundation office  
via intercampus mail or email to: [foundation@hcmcd.org](mailto:foundation@hcmcd.org)**