

**DONOR INFORMATION – Current Donors only need to complete name and contribution information. Indefinite donors, please see below.**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_ Employee #: \_\_\_\_\_

Personal email address: \_\_\_\_\_



**It is important that we have accurate information on file to provide you with year-end tax statements.**

**For Your Information**

**Thank you** for your consideration of the 2018 campaign. We truly appreciate your commitment to BHS and *we hope that you will contribute this year.*

Please complete the form below and return to the Foundation by Friday, August 24<sup>th</sup>. Foundation representatives will be in the **Cafeteria, East Butler** and **Crossroads Campus** on select dates in July and August. Please see back of this page for details. You may also make your commitment on the **BHS Intranet** under EMPLOYEE.

**Donors of \$26 and above will receive gift, raffle tickets for prizes and a summer treat!**

**Indefinite Donors**

Your contribution will continue at the same rate unless you notify us of any changes. You do not need to turn in a form.

**Indefinite SPLASH CLUB members** - Your contribution will remain 1 hour's pay at your current rate on 9/6/2018, unless you notify us of any changes.

CONTRIBUTION	DESIGNATION
<p><b>PLEDGE AMOUNT:</b></p> <p><input type="checkbox"/> <b>Splash Club</b> - 1 Hour's pay bi-weekly at current rate</p> <p><input type="checkbox"/> <b>Repeat what I did last year</b></p> <p><input type="checkbox"/> \$ _____ per pay (chart on reverse of this page for your convenience)</p> <p><input type="checkbox"/> \$ _____ one time gift</p> <p><b>PLEDGE TERM:</b></p> <p><input type="checkbox"/> Annual– 9/6/18 – 8/22/19 (26 pays)</p> <p><input type="checkbox"/> Indefinite - bi-weekly beginning 9/6/18 ongoing</p>	<p><input type="checkbox"/> Surgical Services</p> <p><input type="checkbox"/> Renovation of 3, 5 and 6 Main Units</p> <p><input type="checkbox"/> Employee Fitness &amp; Wellness Center</p> <p><input type="checkbox"/> Greatest Needs</p>

**SIGNATURE**

Signature \_\_\_\_\_

## Payroll Deduction Chart

*26 pays per year*

Annual Gift Amount	Approximate Amount Per Pay
\$1,200	\$46.15
\$1,000	\$38.46
\$800	\$30.77
\$500	\$19.23
\$250	\$9.62
\$200	\$7.70
\$150	\$5.77
\$100	\$3.85
\$50	\$1.92

## Campaign Dates

Employees who drop their pledge forms off during the cafeteria dates will receive raffle tickets, gift and a summer treat and also have the opportunity to draw for additional raffle tickets.

Wednesday – 7/25 – BMH Cafeteria  
Tuesday – 7/31 – BMH Cafeteria  
Thursday – 8/2 – BMH Cafeteria  
Monday – 8/6 – BMH Cafeteria  
Wednesday – 8/8 – BMH Cafeteria  
Tuesday – 8/14 – Butler Crossroads Campus  
Thursday – 8/16 – East Butler  
Friday – 8/24 – BMH Cafeteria

**Drawings will be held throughout the Employee Picnic – 8/30/18!**

## Raffle and Gift information

### Raffle Tickets

- **\$1/pay** (\$26 total pledge) or higher will receive **10 tickets** for the drawing.
- **1 hour/pay** “Splash Club” will receive **50 tickets** for drawing.
- Any employee choosing **indefinite** will receive **5 additional tickets**.

### Raffle Prizes

Flat Screen TV, Themed Gift Baskets &  
4 employees will win 8 hours of paid benefit time.

**You may also inter-office your form to the Foundation and your raffle tickets and gifts will be sent to you.**