

WeCare

Employee Giving Program



VMH Foundation is dedicated to enhancing accessibility to quality healthcare and wellness for people in the regions served by VMH. We invite you to join WeCare by donating to VMH Foundation via payroll deduction. Your donation will enrich healthcare for people in our community!

We do not use donations for administrative overhead - which means that **100%** of your donation directly funds projects, programs, services, education, and equipment! Choose from one of seven funds to donate to. If you aren't sure which fund to select, our Greatest Needs fund is a great choice - this fund gives us the most flexibility to provide projects of the greatest need. While we have some suggested amounts below, you can choose any amount to give!

\$1 \$1 per pay period (\$26 annual)
Receive a WeCare badge reel!

\$5 \$5 per pay period (\$130 annual)
Receive a WeCare badge reel and wireless phone charger!

\$8 \$8 per pay period (\$208 annual)
Receive a WeCare badge reel, wireless phone charger, & insulated tumbler with straw!



Benefits:

- Impact the wellness of our patients, staff, and the community!
- Receive gifts at certain levels of giving.
- Receive an invitation to the Annual Donor Appreciation Event.
- Receive an annual letter summarizing your giving for tax purposes.
- All donors are recognized on the lobby TV's and in our bi-annual publication.

Yes! I would like to join WeCare and donate \$ _____ per pay period!

Please designate my gift to the following fund:

- | | |
|---|--|
| <input type="checkbox"/> Greatest Needs Fund | <input type="checkbox"/> Surgery Fund |
| <input type="checkbox"/> Cardiac Rehabilitation Fund | <input type="checkbox"/> Mammography Fund |
| <input type="checkbox"/> Jeanne Kabat Obstetrics Fund | <input type="checkbox"/> Scholarships Fund |
| <input type="checkbox"/> La Farge Clinic Center for Special Children Fund | |

Send your form to:

Nicole Hall
Email: NHall@vmh.org
Inter-office mail: "Foundation"
Call 74374 with questions

Name: _____ Address: _____

Phone: _____ City, State, Zip: _____

I hereby authorize Vernon Memorial Healthcare to deduct the above indicated amount from my payroll to be donated to VMH Foundation. I understand that I may increase, decrease, or cease the donation, or change the fund I am contributing to, by contacting Nicole Hall. This agreement is in effect until I cease the donation, or termination of my employment.

Signed: _____ Date: _____

Check this box if you wish to be an anonymous donor.



Gifts will be delivered via inter-office mail. There may be a delay in receiving your gift(s). Due to the current variability of supply chain, there is a chance your gift may look slightly different from the picture. If you are giving between levels, you receive the gift(s) of the lower level. If you give over \$8, you receive all gifts. If you do not want a gift(s), indicate so on this form.