

2020 Caring Campaign



Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Department Name: _____

Employee ID: _____

☒ To complete online, go to MHS Intranet. Under Announcements, choose Caring Campaign.

Payroll Deduction

☒ **OPTION 1: Per Paycheck Gift** *(Check one or fill in an amount.)*

☐ \$1 ☐ \$2 ☐ \$5 ☐ \$10 ☐ \$20 ☐ \$_____ Signature: _____

☐ I authorize my payroll deduction to automatically renew after 2020. *(You can discontinue your payroll deduction anytime.)*

☐ **OPTION 2: One-Time Gift** *(Deducted in February 2020.)*

☐ \$5 ☐ \$10 ☐ \$20 ☐ \$25 ☐ \$50 ☐ \$_____ Signature: _____

☐ I authorize my payroll deduction to automatically renew after 2020. *(You can discontinue your payroll deduction anytime.)*

Personal Check, Cash, Credit or Debit Card

☒ I have enclosed my cash gift of \$_____. *(Please make checks payable to Methodist Hospital Foundation.)*

To make an online gift using your credit or debit card, visit the Foundation's secure website: MethodistHospitalFoundation.org. Click "Donate Today." Type Caring Campaign and the program(s) you support under "Comments" when making your gift.

Paid Time Off (PTO)

☒ I want to contribute _____ PTO hours. Signature: _____

☒ Your PTO hours will be deducted in May 2020 and converted to cash. After taxes are subtracted, the remaining amount is your gift to benefit **Family Crisis Connection**. I have read the voluntary sellback information on the back of this form.

I Would Like My Gift to Benefit: *(Please check no more than two boxes.)*

- | | | |
|---|---|--|
| <input type="radio"/> Cancer Care | <input type="radio"/> Family Crisis Connection | <input type="radio"/> United Way Agency: |
| <input type="radio"/> Community Service | <input type="radio"/> Education | _____ |
| <input type="radio"/> Charitable Care | <input type="radio"/> Greatest Need: Methodist Hospital Emergency Department Renovation and Expansion | |

I Would Like to Honor Someone: *(Optional)*

My Gift is: ☐ In Honor of: ☐ In Memory of: _____

Please Notify: Name: _____

Street Address: _____ City, State, Zip: _____



Your Gift – No Matter the Amount – Makes an Impact!

There are 5 ways to give! Choose the option that is right for you!

- 1 Payroll Deduction: Per Paycheck
- 2 Payroll Deduction: One Time Only *(Deducted in February 2020)*
- 3 Cash or Personal Check
- 4 Credit or Debit Card
- 5 Paid Time Off (PTO) Hours: *(Deducted in May 2020)*

PTO hours do not automatically renew and can only be donated to the Family Crisis Connection.

You may elect to voluntarily sell back PTO during 2020 as a contribution to the Caring Campaign. To comply with the federal regulations governing elective sellbacks announced to employees in 2012, this election to complete a voluntary sellback in 2020 is irrevocable and cannot be withdrawn or changed during 2020.

The number of hours you elect to sell back must be accrued in 2020; hours accumulated as of 12/31/19 are not eligible for sellback in 2020. If enough hours have not been accrued as of the first paycheck in May 2020, the remaining hours will be sold back on successive PTO sellback dates. You must be in good standing (no active corrective action at a suspension level or higher) at the time of the sellback.

Please note that all sellbacks are taxed at the bonus rate (40% by IRS rule), and the net proceeds become your gift to the Foundation. Questions? Contact your Ambassador or Methodist Hospital Foundation at (402) 354-4825.

TOGETHER, WE MAKE A DIFFERENCE

A donation of just \$1 allows us to count you as someone who works at Methodist and supports Methodist. That sends a powerful message to our community.

To make your contribution, please complete the information on the back side of this pledge card. —→



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