

Employee Giving Campaign

Your individual commitment to MetroHealth helps to bring to life our shared vision that has the power to transform our community's health, our neighborhood, our local economy and our future. For All of Us.

Your gift to the Metrohealth Fund* will provide unrestricted funds to be applied to the areas of greatest need. In particular, it provides critical support of The MetroHealth Foundation, which funds programs and projects in patient care, research, medical education and the Transformation.

Society Name:	Pacesetter	Sustainer	Wish Maker	One-Time Gift
Contribution	Set gift amount based on percent of salary	Set gift amount deducted from each paycheck	Set gift amount deducted from each paycheck	One time gift paid by check or credit card
Timeframe	5-year pledge	Gifts continue until I notify The MetroHealth Foundation in writing	1-year pledge	n/a
Recognition	<ul style="list-style-type: none">• Name in annual donor listing• Pacesetter lapel pin• Connors Society bow-tie lapel pin (annual gift totaling \$100 or more)	<ul style="list-style-type: none">• Name in annual donor listing• Sustainer lapel pin• Connors Society bow-tie lapel pin (annual gift totaling \$100 or more)	<ul style="list-style-type: none">• Name in annual donor listing• Connors Society bow-tie lapel pin (gift of \$100 or more)	<ul style="list-style-type: none">• Name in annual donor listing• Connors Society bow-tie lapel pin (gift of \$100 or more)

Please visit **metrohealth.org/employeeecampaign** to make your tax-deductible gift or pledge today.



The Alfred F. Connors, Jr., MD Society

An employee who makes a gift of \$100 or more to the Employee Giving Campaign will receive a 'bow tie pin' for their commitment and in honor of Dr. Alfred F. Connors, Jr.

In his more than three decades with MetroHealth, Dr. Connors was rarely seen without a colorful bow tie.

Recently inducted into the MetroHealth Medical Hall of Honor, we are proud to honor Dr. Connors, his leadership and his constant partnership in MetroHealth's mission with this employee giving society.



If you wish to not receive any communication supporting The MetroHealth System or The MetroHealth Foundation, please contact The MetroHealth System's Foundation and System Philanthropy Department by email at mhfdevelopment@metrohealth.org or by phone at 800-325-5606, ext. 85665 (calling from Ohio) or 800-554-5251, ext. 85665 (calling from outside Ohio).

(Over)

Employee Giving Campaign Gift Form

To make your gift or pledge to support the MetroHealth Fund,* please visit metrohealth.org/employeeecampaign or complete this form and return it to: Foundation and System Philanthropy, 2500 MetroHealth Dr., Cleveland, Ohio 44109.

You can count on my support as a (please choose one option):

☐ **PACESETTER**

I would like to contribute \$ per pay period for 5 years (130 pay periods).

Calculation of gift amount: Use the form below or visit metrohealth.org/employeeecampaign for the Pacesetter Calculator.

Your annual salary: \$ X percent you want to give (i.e. 5% would be X .05) = Total gift amount: \$.

Then, divide the Total gift amount by 130 to get amount taken out each pay period = \$

☐ **SUSTAINER**

I would like to contribute \$ per pay period until I notify The MetroHealth Foundation in writing.

☐ **WISH MAKER**

I would like to contribute \$ per pay period for 1 year.

Calculation of total gift: (multiply pay period gift amount by 26 pay periods)

\$ (per pay period amount) X 26 pay periods = \$ (total gift amount)

☐ **ONE-TIME GIFT**

I would like to contribute \$ to be paid as a one-time gift.

Payment Options for One-Time Gift (please choose one):

☐ Check is Enclosed (payable to The MetroHealth Foundation)

☐ Please charge my credit card: ☐ American Express ☐ Discover ☐ MasterCard ☐ VISA

SIGNATURE

CARD NUMBER

CSC#

EXPIRATION DATE

Donor Information (Please fill out the form below so that we can accurately identify you among our list of donors.)

NAME PRINT NAME EXACTLY AS YOU WISH TO BE RECOGNIZED.

EMPLOYEE ID

DEPARTMENT

WORK PHONE

EMAIL ADDRESS

HOME ADDRESS

HOME PHONE

CITY

STATE

ZIP

I authorize the total pledge amount to be paid to The MetroHealth Foundation Inc. by payroll deduction or charged to my credit card. Bi-weekly pacesetter and sustaining deductions will continue until the total pledge is paid or canceled by written notification sent to The MetroHealth Foundation.

SIGNATURE (REQUIRED)

☐ I wish to be anonymous.

DATE

*If you would like to designate your gift to an another area of the hospital other than the MetroHealth Fund, please choose "other" on the online form and type in the name of the area you would prefer to support.