



helping hands  
employee giving club

## Employee Donation Pledge Form

**I WANT TO DESIGNATE MY GIFT TO THE FOLLOWING FUND (Check only one):**

### HELPING HANDS FUNDS

- General Fund** - Your gift will be used to support the Helping Hands Grant program, based on areas of need as identified by you and your fellow employees and approved by HH committee. Additionally this fund will support employee owned improvement projects that benefit the hospital and the TCMC employee community. This fund also provides limited supplemental support the Crisis Fund.
- Employee Crisis Fund** - Your gift will be used to offset expenses incurred by co-workers in a personal crisis (illness, death of family member, house fire, etc.).
- Wellness Fund** - Your gift will be used for a variety of projects including wellness classes and other employee health programs.

### TRI-CITY HOSPITAL FOUNDATION FUNDS

- Where the Need is Greatest Fund** - Your gift will be used to support the area of greatest need at Tri-City Medical Center.
- Other Program or Area:** \_\_\_\_\_

### **PLEASE SELECT ONE GIFT OPTION BELOW**

**Terms of Payroll Deduction:** By checking one of the boxes below I am authorizing Tri-City Medical Center to make payroll deductions in the specified amount until the *Total Annual Contribution* amount is fulfilled (Usually 26 pay periods, but varies for per diem employees and special circumstances.) I further authorize Tri-City Medical Center to begin these deductions on the next possible pay cycle. (Minimum donation is \$5.00 per pay period/\$130 per year)

	Amount Per Pay Period	Total Annual Contribution
<input type="checkbox"/>	\$40	<b>\$1,040</b>
<input type="checkbox"/>	\$30	<b>\$ 780</b>
<input type="checkbox"/>	\$20	<b>\$ 520</b>
<input type="checkbox"/>	\$10	<b>\$ 260</b>
<input type="checkbox"/>	Other Amount \$ _____ per pay period x 26 active pay cycles = \$ _____	
<input type="checkbox"/>	Enclosed is my gift of \$ _____ to support Helping Hands Employee Giving Club (Please make check payable to Tri-City Hospital Foundation)	
<input type="checkbox"/>	PTO Donation: One time gift of _____ PTO hours	

### **MULTIPLE YEAR PLEDGE**

By checking one of the following boxes I authorize Tri-City Medical Center to continue my pledge at the above listed rate for the number of years indicated below:

- 2-Year Pledge                       3-Year Pledge

*(Please note: The terms remain the same in 2<sup>nd</sup> and 3<sup>rd</sup> year of your pledge. Please refer to "Terms of Payroll Deduction" above)*

### **PLEASE COMPLETE ALL REQUESTED INFORMATION AND SIGN CONFIRMING YOUR PLEDGE.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employee ID #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, ZIP

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
TCMC Extension

\_\_\_\_\_  
Department

\_\_\_\_\_  
TCMC Email Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

Please return this completed form to the TCH Foundation, 4002 Vista Way, Oceanside, CA 92056 or via interoffice mail. If you have any questions, please email Gina Pierce in the Foundation office at piercerm@tcmc.com or call extension 3372.