

LEND A HAND TODAY!

No matter how you give, 100% of your contribution supports the program(s) of your choice.

GETTING STARTED IS EASY

Simply complete the information below and send to Mercy Foundation through interoffice mail. If completing electronically, **download this form first so it can be saved with your information.** You may also email your form to mercyfoundationsac@dignityhealth.org or fax your form to (916) 851-2724.

Yes! I would like to lend a hand to those in need.

EMPLOYEE ID (required)	First Name	Last Name	
Home address	City	State	Zip
Phone	E-mail <small>(By providing your e-mail, you are opting in to receive electronic communications from Mercy Foundation)</small>		
Signature (type full name)	Date (mm/dd/yyyy)		
Work facility	<input type="checkbox"/> MGH <input type="checkbox"/> MHF <input type="checkbox"/> MSJ <input type="checkbox"/> MET <input type="checkbox"/> MMG CLINIC <input type="checkbox"/> DDO <input type="checkbox"/> GOLD CENTER <input type="checkbox"/> OTHER _____		
Print your name as you would like it to appear in donor recognition: _____			
<input type="checkbox"/> I would like to remain anonymous			

GIFT DESIGNATION

- | | |
|--|--|
| <input type="checkbox"/> Mercy General Hospital | <input type="checkbox"/> Area of Greatest Need |
| <input type="checkbox"/> Mercy Hospital of Folsom | <input type="checkbox"/> Care for the Elderly |
| <input type="checkbox"/> Mercy San Juan Medical Center | <input type="checkbox"/> Cristo Rey High School Sacramento |
| <input type="checkbox"/> Methodist Hospital of Sacramento | <input type="checkbox"/> Fight Against Human Trafficking |
| <input type="checkbox"/> Dignity Health Cancer Institute of Greater Sacramento | <input type="checkbox"/> Mercy Housing |
| <input type="checkbox"/> Dignity Health Heart & Vascular Institute of Greater Sacramento | <input type="checkbox"/> Sacramento Loaves & Fishes |
| <input type="checkbox"/> Dignity Health Neurological Institute of Northern California | |
| <input type="checkbox"/> Mercy Hospice | <input type="checkbox"/> Other (Specify) _____ |

PAYROLL GIVING OPTIONS

- Payroll Deduction** Please deduct \$ _____ per pay period (26 pay periods per year) One-time
- PTO Donation** Please deduct _____ hours per pay period (26 pay periods per year) One-time

IMPORTANT PTO DONATION INFORMATION

- Donations can be made in one-hour increments and are converted to cash
- A minimum of 80 hours of accrued PTO is required at the time of your donation
- PTO donations are subject to all applicable payroll taxes and will be reported as wages on your W-2 form in the calendar year in which the donation was made
- If you elect to make an ongoing PTO donation, it will remain in effect until you request in writing that it discontinue

OTHER GIVING OPTIONS

- Check** Enclosed in the amount of \$ _____ (make check payable to Mercy Foundation)
- Credit Card** Please charge \$ _____ to my VISA MasterCard AMEX
- I would like my card to be charged One-time Monthly Bi-monthly Quarterly

Card #	Exp. Date
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Thank you for lending a hand!

Visit www.supportmercyfoundation.org or call Mercy Foundation at (916) 851-2700 for more information.



MERCY FOUNDATION



Dignity Health