

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@commonspirit.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 (By providing your e-mail, you are opting in to receive electronic communications from Mercy Foundation)		
Signature	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"/> OTHER _____			
Print your name as you would like it to appear in donor recognition: _____			

☐ I would like to remain anonymous

GIFT DESIGNATION

- | | |
|--|---|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> Mercy Center Auburn Retreat Center |
| <input type="checkbox"/> Mercy General Hospital | <input type="checkbox"/> Mercy Hospice |
| <input type="checkbox"/> Mercy Hospital of Folsom | <input type="checkbox"/> Mercy Housing |
| <input type="checkbox"/> Mercy San Juan Medical Center | <input type="checkbox"/> Mercy McMahon Terrace |
| <input type="checkbox"/> Methodist Hospital of Sacramento | <input type="checkbox"/> Mercy Pedalers |
| <input type="checkbox"/> Mercy Medical Group | <input type="checkbox"/> MS Achievement Center |
| <input type="checkbox"/> Bruceville Terrace | <input type="checkbox"/> Retired Sisters of Mercy in Auburn |
| <input type="checkbox"/> Cristo Rey High School Sacramento | <input type="checkbox"/> Sacramento Loaves & Fishes |
| <input type="checkbox"/> Dr. Gregory Cooper Legacy Scholarship Award | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Human Trafficking Medical Safe Haven | |

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 30-minute 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 Woodland Healthcare Foundation)
- ☐ **Credit Card:**
- Visit supportmercyfoundation.org
 - Call us at (916) 851-2700
 - Scan the QR code below
- (To ensure the safety of your data, we no longer accept written credit card information on these forms.)

Thank you for lending a hand!

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



MERCY FOUNDATION



Dignity Health.