

# 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](mailto:mercyfoundationsac@commonspirit.org) or fax your form to (916) 851-2724.

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

|                               |   |           |     |
|-------------------------------|---|-----------|-----|
| <b>EMPLOYEE ID (required)</b> | 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 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"/> 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"/> Angel Care Fund                      | <input type="checkbox"/> Mercy Hospice                      |
| <input type="checkbox"/> Area of Greatest Need                | <input type="checkbox"/> Mercy Housing                      |
| <input type="checkbox"/> Cristo Rey High School Sacramento    | <input type="checkbox"/> Mercy Pedalers                     |
| <input type="checkbox"/> Human Trafficking Medical Safe Haven | <input type="checkbox"/> MS Achievement Center              |
| <input type="checkbox"/> Mercy General Hospital               | <input type="checkbox"/> Retired Sisters of Mercy in Auburn |
| <input type="checkbox"/> Mercy Hospital of Folsom             | <input type="checkbox"/> Sacramento Loaves & Fishes         |
| <input type="checkbox"/> Mercy San Juan Medical Center        | <input type="checkbox"/> Other _____                        |
| <input type="checkbox"/> Methodist Hospital of Sacramento     |   |
| <input type="checkbox"/> Mercy Medical Group                  |   |

## 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 1-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.
- The maximum PTO deduction per pay period is 12 hours. If a one-time PTO donation exceeds this limit, the remaining balance will be deducted in subsequent pay periods until the full donation amount is met.
- If you elect to make an ongoing PTO donation, it will remain in effect until you request in writing that it discontinue.

## GIVE BY CREDIT CARD

- Visit [supportmercyfoundation.org](http://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](http://www.supportmercyfoundation.org) or call (916) 851-2700 for more information.

