

# "NOVEMBER 2020" EMPLOYEE GIVING

**One hundred percent** of your contribution supports the Dignity Health Cancer Institute of Greater Sacramento 'Angel Fund.'

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

*Yes!* I would like to help 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 (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"/> 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

### ☐ Dignity Health Cancer Institute of Greater Sacramento 'Angel Fund'

All gifts benefit the Dignity Health Cancer Institute of Greater Sacramento 'Angel Fund' which will earmark the funds raised for male oncology care and support.

## 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](http://www.supportmercyfoundation.org) or call  
Mercy Foundation at (916) 851-2700 for more information.



MERCY FOUNDATION



Dignity Health™

November 2020