



## Contribution Form

**Please Print**

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Department: \_\_\_\_\_ Campus: \_\_\_\_\_ Mail Stop #: \_\_\_\_\_

**Donate a minimum of \$100 or 7 PTO hours, you'll receive My Philanthropy Matters t-shirt.**

**Will be delivered via inter-office mail. Circle t-shirt size: S M L XL 2XL 3XL None Mail Stop #**

**Select the programs that you would like to contribute to:**

**A. Morton Plant Mease Health Care Foundation**

Please select the fund to which you would like to make a contribution to:

- |                                                |                                                 |                                                          |
|------------------------------------------------|-------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> Morton Plant           | <input type="checkbox"/> Morgan Heart Hospital Challenge |
| <input type="checkbox"/> Mease Countryside     | <input type="checkbox"/> Morton Plant North Bay | <input type="checkbox"/> Nursing Education Campaign      |
| <input type="checkbox"/> Mease Dunedin         | <input type="checkbox"/> Cancer Care Campaign   | <input type="checkbox"/> Jerry Massey Scholarship Award  |

**Payment Method**

- Payroll deduction of \$ \_\_\_\_\_ per pay period for 26 pay periods (1 year) = \$ \_\_\_\_\_ (Deductions begin January 2018)
- One Time Payroll Deduction in January 2018 in the amount of \$ \_\_\_\_\_
- PTO donation of \_\_\_\_\_ hours (Deduction will occur in November 2017)
- Cash gift of \$ \_\_\_\_\_  Check made payable to MPM Health Care Foundation for \$ \_\_\_\_\_
- Credit Card gift of \$ \_\_\_\_\_ Card # \_\_\_\_\_ Expires \_\_\_\_\_ CVV \_\_\_\_\_

**B. Family Care Fund**

**Payment Method**

- Payroll deduction of \$ \_\_\_\_\_ per pay period for 26 pay periods (1 year) = \$ \_\_\_\_\_ (Deductions begin January 2018)
- One Time Payroll Deduction in January 2018 in the amount of \$ \_\_\_\_\_
- PTO donation of \_\_\_\_\_ hours (Deduction will occur in November 2017)
- Cash gift of \$ \_\_\_\_\_  Check made payable to MPM Health Care Foundation for \$ \_\_\_\_\_
- Credit Card gift of \$ \_\_\_\_\_ Card # \_\_\_\_\_ Expires \_\_\_\_\_ CVV \_\_\_\_\_

**C. United Way**

**Choose one:**  UW of Tampa Bay  UW of Pasco County  UW of Hernando County

**Payment Method**

- Payroll deduction of \$ \_\_\_\_\_ per pay period for 26 pay periods (1 year) = \$ \_\_\_\_\_ (Deductions begin January 2018)
- One Time Payroll Deduction in January 2018 in the amount of \$ \_\_\_\_\_
- Cash gift of \$ \_\_\_\_\_  Check made payable to United Way for \$ \_\_\_\_\_
- Credit Card gift of \$ \_\_\_\_\_ Card # \_\_\_\_\_ Expires \_\_\_\_\_ CVV \_\_\_\_\_

**Authorization (Must be signed or form will not be processed) Check one:**

- I authorize BayCare Health System to process my donation as requested including payroll deduction if I have so indicated.
- I do not wish to participate in the Caring for Our Community Team Member Giving Campaign:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return completed form to Morton Plant Mease Health Care Foundation, Mail Stop #116**