TEAM MEMBER GIVING CAMPAIGN

Contribution Form

Morton Plant Mease Health Care Foundation
2536 Countryside Blvd., Suite 600
Clearwater, FL 33763
(727) 462-7036 | Mail Stop #116
Email: mpmhcfoundation@baycare.org

Name: Employee #:

Address: City: State: Zip:

Work Phone: Home Phone: Campus:

Department: Email: **Mail Stop:**

Donate $100 or 5 PTO hours and get a campaign t-shirt! Donate $250 or 10 PTO hours and get a crossbody bag!

*****MAIL STOP MUST BE INCLUDED TO RECEIVE YOUR GIFT(S)***** Shirt Size (S-3XL)

Select the programs that you would like to contribute to:

A. Morton Plant Mease Health Care Foundation

Please select one fund you would like to contribute to:

- ☐ Area of Greatest Need
- ☐ Mease Countryside
- ☐ Mease Dunedin
- ☐ Morton Plant Clearwater
- ☐ Morton Plant North Bay
- ☐ Nursing Excellence Campaign
- ☐ Cancer Care
- ☐ Cardiac Care
- ☐ Spirituality & Healing in Medicine
- ☐ Women and Children
- ☐ Peter Lloyd Perinatal Loss Fund

Payment Method

- ☐ Payroll deduction of $ per pay period for 26 pay periods (1 year) = $ (Deductions begin January 2027)
- ☐ One Time Payroll Deduction in January 2026 in the amount of $
- ☐ PTO donation of hours (Deduction will occur in November 2026)
- ☐ 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 2027)
- ☐ One Time Payroll Deduction in January 2027 in the amount of $
- ☐ PTO donation of hours (Deduction will occur in November 2026)
- ☐ Cash gift of $ ☐ Check made payable to MPM Health Care Foundation for $
- ☐ Credit Card gift of $ Card # Expires CVV:

C. United Way or American Heart Association

☐ UW Suncoast $ ☐ UW Pasco/Hernando County $ ☐ American Heart Association $

Payment Method

- ☐ Payroll deduction of $ per pay period for 26 pay periods (1 year) = $ (Deductions begin January 2027)
- ☐ One Time Payroll Deduction in January 2027 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 or via email to MPMHCFoundation@baycare.org

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES ON THEIR WEBSITE (FDACS.gov/ConsumerServices) OR AT 1-800-435-7352. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. MORTON PLANT MEASE HEALTH CARE FOUNDATION, FLORIDA REGISTRATION #CH321 RECEIVES 100% OF ALL CONTRIBUTIONS AND DOES NOT USE PROFESSIONAL FUNDRAISING SOLICITORS. Please write, email or call us if you wish to have your name removed from the list to receive fund-raising requests supporting the hospitals of Morton Plant Mease Health Care and their affiliates.