

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 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"/> Excellence in Cardiology |
| <input type="checkbox"/> Mease Countryside | <input type="checkbox"/> Morton Plant North Bay | <input type="checkbox"/> Nursing Scholarships |
| <input type="checkbox"/> Mease Dunedin | <input type="checkbox"/> Comprehensive Cancer Care | <input type="checkbox"/> Jerry Massey Scholarship Award |

Payment Method

- Payroll deduction of \$ _____ per pay period for 26 pay periods (1 year) = \$ _____ (Deductions begin January 2017)
- One Time Payroll Deduction in January 2017 in the amount of \$ _____
- PTO donation of _____ hours (Deduction will occur in November 2016)
- Cash gift of \$ _____ Check made payable to MPM Health Care Foundation for \$ _____
- Credit Card gift of \$ _____ Card # _____ Expires _____

B. Family Care Fund

Payment Method

- Payroll deduction of \$ _____ per pay period for 26 pay periods (1 year) = \$ _____ (Deductions begin January 2017)
- One Time Payroll Deduction in January 2017 in the amount of \$ _____
- PTO donation of _____ hours (Deduction will occur in November 2016)
- Cash gift of \$ _____ Check made payable to MPM Health Care Foundation for \$ _____
- Credit Card gift of \$ _____ Card # _____ Expires _____

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 2017)
- One Time Payroll Deduction in January 2017 in the amount of \$ _____
- Cash gift of \$ _____ Check made payable to United Way for \$ _____
- Credit Card gift of \$ _____ Card # _____ Expires _____

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