

Spectrum Health Staff Campaign

SPECTRUM HEALTH
Foundation

Helen DeVos
children's hospital
Foundation

I prefer to receive mail from the Foundation at: Mail Code E-mail Home Address

Emp Num _____ Process Level _____
Name _____ Mail Code _____
Location/Department _____
Director _____

Home Address _____
City _____
State _____ Zip _____
Phone _____
Preferred Email _____

My Total Annual Gift = \$ _____

Contribution Options:

- Payroll Deduction (26 pay periods beginning 8/2009)
 - \$2 x 26 pay periods = \$52
 - \$4 x 26 pay periods = \$104
 - \$6 x 26 pay periods = \$156
 - \$8 x 26 pay periods = \$208
 - \$10 x 26 pay periods = \$260
 - \$20 x 26 pay periods = \$520
 - \$50 x 26 pay periods = \$1,300
 - Other: \$ _____ x _____ pay periods = \$ _____
- Direct Gift
 - Cash (attach to pledge form)
 - Check (attach check made payable to Spectrum Health Foundation)
- Credit Card
 - Visa Discover
 - MasterCard Diner's Club
 - American Express

Card # _____

Expiration Date _____

- I prefer to remain anonymous

Please sign and date here to authorize your pledge:

Signature _____ Date _____

I would like my gift to support:

- Home Health Care (SAP9) \$ _____
(Gifts to Home Health Care will provide services such as nursing, therapy and social work to those in need, helping individuals to remain safe and independent at home.)
 - Hospice (SAP9) \$ _____
(Gifts to Hospice will help provide care for those with life-limiting illness, regardless of their ability to pay.)
 - Resident Life (SAP9) \$ _____
(Gifts to Resident Life will assist with resident programming, activities, individual needs as well as supporting various quality of life initiatives.)
 - Spectrum Health Foundation (SAP9) \$ _____
(Gifts to this Foundation support programs and services related to Adult Patient Care.)
 - Helen DeVos Children's Hospital Foundation (SAP9) \$ _____
(Gifts to this Foundation support programs and services related to Pediatric Patient Care.)
 - Other (SAP9) _____ \$ _____
(Gifts may be designated to any program, service or department directly related to Patient Care.)
- Undesignated gifts will be divided equally among the programs.**

I would like additional information about:

- Foundation event volunteer opportunities
- Joining Leading For Our Kids (spectrum-health.org/lfok)
- Including the Foundation in my estate plan

**For more information, please visit
spectrum-health.org/staffcampaign**

**Please return this form to your Department Ambassador
or the Foundation Office (MC004) by June 1, 2009**

If you contribute through payroll deduction, please use your paystub as a tax receipt.