

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 _____

My Total Annual Gift = \$ _____

Home Address _____

City _____

State _____ Zip _____

Phone _____

Preferred Email _____

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 to help co-workers by supporting the Close Enough to Care Program by donating Paid Time Off (PTO) hours. Please transfer _____ hours to the Close Enough to Care Fund.
(one-time transfer the last pay period of 7/2009)

I would like my gift to support:

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 Spectrum Health Foundation and Helen DeVos Children's Hospital Foundation.

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.