

Name \_\_\_\_\_ Job Title \_\_\_\_\_  
 Department \_\_\_\_\_ Campus \_\_\_\_\_  
 Home Phone \_\_\_\_\_ T-Shirt Size (XS-5XL) \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 UPMC Employee ID \_\_\_\_\_ Birthdate \_\_\_\_\_

## GIVING OPTIONS

### 1 the power of an hour

☐ I would like to join **The Hour Club** by donating 26 hours of pay per year. My donation will be made through my bi-weekly/monthly pay. I understand that my hourly rate will be provided to the Foundation annually by Human Resources/Payroll unless I have selected an amount below that is greater than my hourly rate.

### 2 Bi-Weekly Payroll Deduction Gift Amount

- ☐ \$4 per pay (\$104 per year)    ☐ \$20 per pay (\$520 per year)\*  
☐ \$7 per pay (\$182 per year)    ☐ \$50 per pay (\$1,300 per year)\*  
☐ \$10 per pay (\$260 per year)\*    ☐ \$80 per pay (\$2,080 per year)\*\*  
☐ Other Amount Per Pay \$ \_\_\_\_\_

*\*A gift of \$10.00 per pay or more qualifies you for membership in The Keystone Society (\$250-\$1,999 annually).*

*\*\*An annual gift of \$2,000.00 or more qualifies you as a member of The Cornerstone Society with a commitment to make this gift for a period of five or more years.*

### 3 Monthly Payroll Deduction Gift Amount

- ☐ \$42 per pay (\$504 per year)  
☐ \$100 per pay (\$1,200 per year)  
☐ \$167 per pay (\$2,004 per year)  
☐ \$250 per pay (\$3,000 per year)  
☐ Other Amount Per Pay \$ \_\_\_\_\_

*\*A gift of \$42 per pay or more qualifies you as a member of The Caduceus Society (with a commitment to make this gift for a period of five or more years)*

## PLEASE DIRECT MY GIFT TO ONE OF THE FOLLOWING

- ☐ UPMC in North Central Pa.'s Greatest Need  
☐ Clinical Excellence Endowment - supporting recruitment, retention, and education.  
☐ I would like to support a restricted fund for the program or service line of my choice. *Please select only ONE option:*
- |                          |                               |                           |                        |
|--------------------------|-------------------------------|---------------------------|------------------------|
| ___ Behavioral Health    | ___ Cancer Center             | ___ The Gatehouse         | ___ Pediatrics         |
| ___ Benevolent Care      | ___ Cardiac Care              | ___ Home Care and Hospice | ___ Senior Communities |
| ___ The Birthplace       | ___ ED/Trauma                 | ___ Heartworks            | ___ UPMC Muncy         |
| ___ Breast Health Center | ___ Family Medicine Residency | ___ Nursing Fund          | ___ UPMC Wellsboro     |

*If you don't see the fund listed that you would like to support, please speak with a Foundation staff member to discuss your wishes.*

**Please turn over and fill out reverse side. →**

☐ I would like to remain anonymous in donor recognition.

*I hereby authorize my payroll deductions to begin on the payday following my commitment. I understand my contributions will continue until I request the Foundation to discontinue deductions. The amount of my contribution is confidential and all gifts are tax-deductible. The Foundation has the right to adjust my deduction to match my payment frequency (bi-weekly or monthly).*

Signature\_\_\_\_\_ Date\_\_\_\_\_

By submitting this form, you are authorizing Susquehanna Health Foundation to begin payroll deduction to join the iGIVE family of employee donors.

**Please interoffice your form to:**

Foundation Office | Divine Providence

**or mail to:**

Susquehanna Health Foundation | 1001 Grampian Boulevard | Williamsport, PA 17701

**Any questions, contact the Foundation at:**

570-320-7460 or [buttont@upmc.edu](mailto:buttont@upmc.edu)