

Name _____ Job Title _____

Department _____ Campus _____

Home Phone _____ Work Phone/Ext. _____

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. (*Members of **The Hour Club** will receive special recognition for this commitment.*) 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)**

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

**Any 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).

☐ Other Amount Per Pay \$ _____

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 \$ _____

*Any 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).

☐ I have selected a gift amount above that qualifies me for The Hour Club. 

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:*
- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Cancer Center | <input type="checkbox"/> Heartworks | <input type="checkbox"/> UPMC Lock Haven |
| <input type="checkbox"/> The Birthplace | <input type="checkbox"/> Cardiac Care | <input type="checkbox"/> Home Care & Hospice | <input type="checkbox"/> UPMC Muncy |
| <input type="checkbox"/> Breast Health Center | <input type="checkbox"/> The Gatehouse | <input type="checkbox"/> Senior Communities | <input type="checkbox"/> UPMC Wellsboro |

If you don't see the fund listed that you would like to support, please speak with a Foundation staff member today 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 notify the Foundation otherwise in writing. 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 mail your form to:

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

or to our Internal Address:

Foundation Office | Divine Providence

For any questions, contact the Foundation at:

570-320-7460 or ridersl@upmc.edu

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