

Employee Giving Form

www.MethodistHealthSystem.org/EmployeeGiving



CONTACT INFORMATION

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

MHD Email: _____ Mobile #: _____

Employee ID: _____ Department: _____

Employee Signature: _____ Date: _____

PLEASE SELECT YOUR CAMPUS

- CBO/Prime Methodist Dallas/Corporate Methodist Charlton Methodist Mansfield
 Methodist Medical Group Methodist Midlothian Methodist Richardson Methodist Southlake

METHOD OF GIVING

- Recurring Payroll Deduction \$ _____
 One-Time Gift \$ _____ (Payroll Deduction or Credit Card)
 30 Minute Club - 30 minutes of your bi-weekly salary.* H(OUR) Club - one hour of your bi-weekly salary.*

Are you currently enrolled in the 30 Minute Club? Yes No

If YES, please indicate what you would like your contribution amount to be:

- I would like my contribution to adjust each time my pay rate changes.
 I would like my contribution to remain at the rate that was set when I first joined the 30 Minute Club, and I do not authorize any increases future without my consent. *Contributions will reflect any change in pay rate.

PLEASE SELECT THE DESIGNATION OF YOUR CONTRIBUTION

- Campus' Greatest Need** – each campus president determines the use of this fund, which can be used for employee focused projects, equipment, programing or capital projects.
 MHS Foundation Basic Employee Needs (BEN) Fund – provides grants to MHS employees in financial hardship.
 MHS Foundation General Fund – supports programs, services, equipment, and capital projects at Methodist hospitals.
 MRMC Foundation Basic Employee Needs (BEN) Fund – provides funds to MRMC employees in financial hardship.
 MRMC Foundation General Fund – gives flexibility to the Foundation to fund innovative and effective projects not specifically designated by a donor but within the scope of providing compassionate, quality healthcare.
 MRMC Foundation Special Projects Fund – benefits employees by underwriting departmental projects determined by a grant application.
 United Way of Metropolitan Dallas – supports many non-profits and programs for underserved communities.

BILLING ADDRESS (If different than the above address)

Name: _____

Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

PAYMENT DETAILS

Payment Processed by Blackbaud

Cardholder name: _____

Card number: _____

VISA AMERICAN EXPRESS DISCOVER MasterCard

Expiration: _____ CVV: _____

Signature: _____

If all or any part of this gift cannot at any time in the future be usefully or practically applied to the above purpose(s) or if the purpose(s) cannot be achieved because of a future change in law or unforeseeable circumstances, I hereby grant the Methodist Health System Foundation authority to use such gift for any related purpose(s) that the Methodist Health System Foundation deems appropriate in its sole discretion.

All gifts are tax deductible in accordance with current IRS regulations.

Tax ID Number 75-1548343 · Methodist Health System Foundation · 1441 N. Beckley Avenue, Dallas, TX 75203 · 214-947-4555

Tax ID Number: 75-1788520 · Methodist Richardson Medical Center Foundation · 2831 E. President George Bush Highway, Richardson, TX 75082 · 469-204-6990