Employee Giving Campaign

Stronger together.

Thank you for participating in Employee Giving by making a tax-deductible donation! Please fill out, sign, and either email this form to **Foundation@scrmc.org** or interoffice mail to **"Foundation."** Questions? Please email Foundation@scrmc.org.

First and Last Name _____

Employee Number _____ (Can be found on the back of your badge.)

Recurring Payroll Deduction

I authorize St. Croix Health to withhold the total amount indicated below from **each paycheck**.

Employee Compassion Fund (ECF) $_____

New Campus - Walking Trail Fund (TRAIL) $_____

General Fund/Scholarships (FOUND) $_____

TOTAL $_____

One-Time Donation

I pledge to make a one-time donation in the amount of $ _____

Please distribute my donation to the following funds in the following amounts:

Employee Compassion Fund (ECF) $_____

New Campus - Walking Trail Fund (TRAIL) $_____

General Fund/Scholarships (FOUND) $_____

☐ I authorize St. Croix Health to withhold the amount indicated above from **one paycheck**.

☐ A check written to the St. Croix Health Foundation is enclosed.

☐ Credit card payments: Please visit SaintCroixHealth.org/about-us/giving/foundation/

Please discontinue the following payroll deduction(s) effective (date): _____

☐ Employee Compassion Fund ☐ Walking Trail Fund ☐ General Fund/Scholarships

Employee Signature _____ Date _____

HR Use Only:

☐ Payroll Deduction By:_____ Date:_____