

PLEDGE FORM

EMPLOYEE & PHYSICIAN GIVING



CARE STARTS HERE
EMPLOYEE & PHYSICIAN GIVING

Name: _____ Department: _____

Location: _____ Employee ID: _____

Email: _____

MAKE A DONATION

Check one and fill out the following instructions for that section:

☐ **Every paycheck (bi-weekly)** Total per pay: \$ _____
Fund Designation* (write the fund number you would like to donate to): # _____

☐ **One-Time Donation** Total: \$ _____

☐ Personal Check (you will receive a pledge reminder and return envelope in April)

☐ One-time payroll deduction (in March)

☐ Online Gift (please make your gift at mclaren.org/carestartshere)

Fund Designation* (write the fund number you would like to donate to): # _____

☐ **I choose not to make a gift this year**

Thank you for participating in the campaign by letting us know your plans. If you change your mind, you can always make a gift by contacting the Foundation at (248) 338-5838 or oaklandfoundation@mclaren.org.

**See reverse for a list of popular Fund Designation numbers.*

Signature: _____ Date: _____

QUESTIONS?

Contact Allison Gowan-Moreno, Director of Philanthropy at (248) 338-5838 or allison.gowan@mclaren.org.



OAKLAND FOUNDATION



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EMPLOYEE & PHYSICIAN GIVING

POPULAR FUND DESIGNATIONS

- | | |
|-----------------------------------|--|
| 10530 – Mammogram | 00006 – Greatest Need
Community Screening |
| 10532 – Heart Care/Cardiology | 10513 – PEAC Committee |
| 10536 – Cancer Resource Fund | 10512 – Hospital Greatest Need |
| 00005 – Lapeer Cancer Fund | 00009 – Patient Assistance Fund |
| 10546 – Nursing Scholarship Fund | |
| 00003 – Dr. Michael Q. Doyle Fund | |

Graduate Medical Education Fund:

- 00007 – Bahooora Medical Education Fund

EXAMPLES OF GIFTS BROKEN DOWN PER PAY PERIOD FOR A FULL CALENDAR YEAR:

Per-pay-period gift amount	Annual total gift	Per-pay-period gift amount	Annual total gift
\$1	\$26	\$20	\$520
\$2	\$52	\$30	\$780
\$5	\$130	\$40	\$1,040
\$10	\$260	\$50	\$1,300

