



# We're All In

Support the 2016 Employee Giving Campaign

First Name

Last Name

Employee Number

Department

Email Address

I would like to remain anonymous

**Please choose the fund(s) you wish to give to:**

*If you have no preference, your donation will be directed to the Greatest Needs Fund.*

Abbie Darnell Fund

Heart-2-Heart Fund

Baby Steps Fund

Hospice Fund

Breast Center Mammography Fund

Jay Crump, D.O. Memorial Fund

Delbert Day Cancer Institute

Joy of Caring Cancer Fund

Enhancing Nursing Excellence Fund

Patient Transportation Fund

Greatest Needs Fund

Pediatric Dental Fund

Guardian Angel Fund – I would like to honor the following Guardian Angel:

**Payroll Deduction** – Please deduct \$  from each paycheck, beginning with the first pay period of January 2017.

**PDO Deduction** – Please deduct  PDO hours from each paycheck, beginning with the first pay period of January 2017. *An employee must have at least 40 hours remaining in their PDO bank after the donation.*

**One-Time Payroll Deduction** – Please deduct a one-time gift of \$  from the second pay period in November 2016.

**One-Time PDO Deduction** – Please deduct  PDO hours in one lump sum from the second pay period in November 2016. *An employee must have at least 40 hours remaining in their PDO bank after the donation.*

**One-Time Gift (check)** – Please include a check payable to *Phelps Regional Health Care Foundation* with this form.

**One-Time Gift (cash)** \$

**One-Time Gift (credit card)** – For credit card giving, visit our website:  
<http://giving.pcrmc.com/support-us/employee-giving/>.

I support the Phelps Regional Health Care Foundation but am unable to make a gift at this time.

To submit your form:

- Submit form via InfoPath (forms/foundation/employee giving form 2016)
- Save form to computer and attach in an e-mail to [chance@pcrmc.com](mailto:chance@pcrmc.com)
- Interoffice mail to the Foundation or physically drop off in Foundation office