Olathe HEALTH
Charitable Foundation

The Make a Difference employee campaign is an opportunity for employees to consider making a donation to help support Olathe Health. Please return the pledge form to the Charitable Foundation, located in The Doctors Building I, Suite 363 or Human Resources, located in The Doctors Building II, Suite 324.

Step 1 - Contact Information

First Name: _____ M.I.: ___ Last Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Preferred E-mail Address: _____ Work Zip Code: _____

Work Dept.: _____ Employee #: _____

Donor Wall Publication Name: _____

Step 2 - Funding Priorities

I would like my gift to be designated to following (please select one option*):

- ☐ Cancer Care: Support for ongoing programs, services, staff and patient education.
- ☐ Hospice House: Support to help provide ongoing special services for hospice patients, like massage therapy and spiritual care.
- ☐ Miami County Medical Center: Assist with the area of greatest need for the hospital and for the people of Miami and Linn Counties.
- ☐ Charity Care for NICU: Financial assistance for patients who are unable to afford care in the neonatal intensive care unit at OMC.

If this section is left blank, your funds will be designated to Charity Care for NICU.

Step 3 - Giving Options *(New form must be completed each year.)*

Payroll deductions start January 2018. Pledge good through December 31, 2018.

☐ Per Pay Period Giving: ☐ $6 ☐ $12 ☐ $18 ☐ Other $ _____ **X** 26 pay periods per year **=** $ _____ Total Gift Amount

☐ Direct Gift

☐ Cash or Check Enclosed

☐ Credit Card: ☐ Visa ☐ MasterCard ☐ AmEX ☐ Discover $ _____ Total Gift Amount

☐ Bill Me: min. $25 per billing; starting: _____*

☐ Monthly ☐ Quarterly ☐ Yearly

_____ Credit Card Number _____ Exp. Date

** If no date is entered above, billing will start Jan. 2017*

Step 4 - Signature and Date

X _____

Signature Date

1622

OHCF and Payroll Use Only: Please Check One: *___ MECF (One-Time Gift) ___ MEHH (Reoccurring Gift)*