

Colleague Giving Campaign



Please fill out form completely and email to DMHFoundation@mhsil.com or return to Decatur Memorial Foundation | Office 2243.

Donor Information

<input type="text" value="NAME"/>	<input type="text" value="COLLEAGUE ID"/>	<input type="text" value="PHONE"/>
<input type="text" value="ADDRESS"/>	<input type="text" value="CITY/STATE"/>	<input type="text" value="ZIP"/>
<input type="text" value="EMAIL"/>	<input type="text" value="AFFILIATE"/>	<input type="text" value="DEPT. NAME"/>
<input type="text" value="SIGNATURE"/>		<input type="text" value="DATE"/>

By signing this form, I acknowledge and agree that I am donating to the Decatur Memorial Foundation.

Method of Payment

One-time donation (\$5 minimum)

<input type="radio"/> CASH AMOUNT \$	<input type="radio"/> CHECK AMOUNT \$	<i>Make checks payable to Decatur Memorial Foundation.</i>	
<input type="radio"/> CREDIT CARD AMOUNT \$	<input type="text" value="CARD #"/>	<input type="text" value="EXP."/>	<input type="text" value="SECURITY CODE"/>
<input type="radio"/> PAYROLL DEDUCTION I authorize a one-time pledge of \$			
<input type="radio"/> PTO* (8-hour increments) <input type="radio"/> 8 hours <input type="radio"/> 16 hours <input type="radio"/> 24 hours <input type="radio"/> 32 hours <input type="radio"/> 40 hours <input type="radio"/> Other			

Per-pay donation through payroll deduction (\$1 per pay minimum)

<input type="radio"/> I PLEDGE \$	<input type="text" value="PER PAY."/>	<i>26 pay periods; June 2024 – May 2025</i>
<input type="radio"/> I AUTHORIZE A CONTINUAL PLEDGE OF \$	<input type="text" value="PER PAY."/>	<i>I understand my pledge will automatically renew each year.</i>

Please use my gift for:

- Where the need is greatest
 Healthcare Career Education
 Colleague Emergency Assistance

*AS A PTO DONOR, I UNDERSTAND THAT:

1. My PTO donation must be in eight-hour increments.
2. My entire PTO donation will be withdrawn at my current rate of pay at the time of processing.
3. I must have 40 hours PTO remaining after the donation is withdrawn. If I do not, my donation will be reduced in eight-hour increments to leave me with no less than 40 hours PTO.
4. Once it is withdrawn, my PTO donation is irrevocable.
5. My PTO donation has no effect on my accrued sick leave, nor may I donate any accrued sick leave.
6. My donation to the Foundation will be net of tax and pension withholding.
7. My net donation is tax deductible to the fullest extent permitted by federal and state tax law.

Every year, Memorial Health colleagues have the opportunity to make a difference in our organization by giving back through the Colleague Giving Campaign.



Make your gift online here or scan the QR code.
memorial.health/dmf-colleague-giving



Whether big or small, these gifts have a great impact on our colleagues and the people and communities we serve. Your donation will remain local, helping fund initiatives to improve the health and well-being of your co-workers, friends and neighbors here in Decatur and Macon County.

Where The Need is Greatest

Supports areas of greatest need by funding grants for patient care, workforce development programs and community health initiatives.

Healthcare Career Education

Supports advancement of our care teams by funding certifications, education grants, conference attendance and other continued learning opportunities for colleagues.

Colleague Emergency Assistance

Supports our own colleagues by providing financial assistance to those experiencing financial strain due to an emergency circumstance.

DURING THE MONTH OF APRIL, COLLEAGUES CAN SUBMIT DONATIONS VIA CASH, CHECK, CREDIT CARD OR PAYROLL DEDUCTION. PTO DONATION IS ALSO AVAILABLE.