

Colleague Giving Campaign



Please fill out form completely and email to Foundation@mhsil.com or return to Springfield Memorial Foundation | Mail Code 61.

Donor Information

<input type="text" value="NAME"/>	<input type="text" value="COLLEAGUE ID"/>	<input type="text" value="PHONE"/>
<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 Springfield Memorial Foundation.

Method of Payment

One-time donation (\$5 minimum)

<input type="radio"/> CASH \$	<i>Deliver to 400 W. Lawrence Ave., Springfield, 62704</i>	<input type="radio"/> CHECK \$	<i>Make checks payable to Springfield Memorial Foundation.</i>	
<input type="radio"/> CREDIT CARD \$	<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 per year; 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>

Unrestricted/Restricted

- Please leave my donation unrestricted to use where the need is greatest.
- Please restrict my donation to (select a maximum of two funds):
 - Cancer Patient Assistance Fund
 - Colleague Emergency Assistance
 - Compassion Leave
 - Memorial Behavioral Health
 - Nursing Excellence Fund

*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 My entire PTO donation will be withdrawn at my current rate of pay at the time of processing.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 I must have 40 hours PTO remaining after the donation is withdrawn.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 Once it is withdrawn, my PTO donation is irrevocable.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/smf-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 our community.

Unrestricted Donations

Unrestricted donations fund grants for patient care, education and clinical research initiatives.

Restricted Donations

You can choose to direct your donation to any of the following areas:

- *Cancer Patient Assistance Fund* – Assistance to cancer patients.
- *Colleague Emergency Assistance* – Assistance to colleagues who are experiencing financial strain due to a tragic event.
- *Compassion Leave* – Donated PTO to colleagues who are experiencing a personal or family crisis.
- *Memorial Behavioral Health* – Supports initiatives within Memorial Behavioral Health.
- *Nursing Excellence Fund* – Supports initiatives within the nursing division.

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