



Cloquet Community Memorial Hospital Foundation

Your gifts, your health, your community

Your contact information:

Name _____
Address _____ City _____ State _____ Zip _____
Home phone _____ Department _____ Email _____

Designate your gift: Where the need is greatest Birthing Suites CMH Specialty Clinic
 Raiter Family Clinic SHCC Urgent Care/Emergency Room Other _____ (specify)

Easy Payroll Deduction

Must be \$100 or greater annually to participate in employee incentives, including PTO drawing, for current year
SEE PAYMENT CHART ON BACK

Check one:

- Please withhold \$_____ each pay period over _____ year(s) for a \$_____ pledge.
 - **\$1000 pledge gets your name on wall in the main corridor near lab and radiology!**
- One-time gift.
 - **Complete information box below**

One-time Gift by Check or Credit Card

Must be \$100 or greater annually to participate in employee incentives, including PTO drawing, for current year

- Bill my credit card in the amount of \$_____ Card# _____
 - American Express Discover Master Card Visa

Name on card _____
Expiration date _____ 3-digit security code _____
Email _____
Signature _____

Authorize your payroll deduction:

By completing and signing below, I agree to the following terms/conditions:

CMH allows employees to donate to the CCMH Foundation via payroll deduction. In completing this form, you are authorizing the amount indicated above to be deducted from your bi-weekly payroll. The deducted amount will be shown as FOUNDATION DONATE under the withholdings section on your pay stub. This deduction will continue until you provide written notice (via email or paper) to cancel or until the maximum amount indicated has been withheld. **Donations to the Foundation are tax deductible.**

Signature _____ Date _____

Laurie Korby, CCMH Foundation 512 Skyline Blvd., Cloquet, MN 55720

Questions? Call 878-7652 or email lkorby@cmhmn.org

Section for Foundation Use

RE	TY	List	Lanyard + pins	Payroll start	Ending year



Use this table to figure out your donation for the CMH/SHCC Employee Giving Campaign.

To determine a pledge, simply decide the total donation you'd like to give and the number of years over which you'd like to spread that gift; this will give you the amount per pay period that will be withheld from your payroll check. *These are just examples; any amount you wish to donate is appreciated!*

\$1000 donation gets your name on the Wall of Recognition

Total Donation	Amount per Pay Period	Years (26 pay periods in a year)	Number of Pay Periods:
\$250	9.62	1	26
	4.81	2	52
	3.21	3	78
	2.41	4	104
	1.93	5	130
\$500	19.24	1	26
	9.62	2	52
	6.42	3	78
	4.81	4	104
	3.85	5	130
\$1000	38.47	1	26
	19.24	2	52
	12.83	3	78
	9.62	4	104
	7.70	5	130
\$2000	76.93	1	26
	38.47	2	52
	25.65	3	78
	19.24	4	104
	15.39	5	130
\$3000	115.39	1	26
	57.70	2	52
	38.47	3	78
	28.85	4	104
	23.08	5	130

SECTION FOR HUMAN RESOURCES USE

Employee Number: _____

Date Withholding Entered: _____

Date Withholding Removed: _____

Processed By/For Pay Period: _____

Copy to Foundation

Director/Date: _____