

**Gold Star Employee Giving 2022**

**Your contact information:** Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_

Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please write your name *exactly* how you would like it to appear on the Wall of Recognition.  (i.e.  Robert Smith, Bob Smith, Jane and Bob Smith, etc.)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**One-time Gift by Check or Credit Card**

**Visit** [**www.ccmhfoundation.com**](http://www.ccmhfoundation.com) **to make a credit card payment**

**Must be $100 or greater annually to participate in various employee incentives.**

**Some employee incentives require a $1,000 payroll pledge.**

I have enclosed a check in the amount of $ \_\_\_\_\_\_\_\_\_\_\_

I have made an online credit card payment in the amount of $ \_\_\_\_\_\_\_\_\_\_\_

 Name on card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Easy Payroll Deduction**

**SEE PAYMENT CHART ON BACK**

**Must be $100 or greater annually to participate in various employee incentives.**

**Some employee incentives require a $1,000 payroll pledge.**

**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!

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: |  |