



Your gifts, your health, your community

Gold Star Employee Giving 2023

Your contact information:

Name Address City State Zip Home phone Department Email Did a co-worker refer you? If so, who was it? Please write your name exactly how you would like it to appear on the Wall of Recognition.

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 SEE PAYMENT CHART ON BACK Must be \$100 or greater annually to take part in various employee incentives. The easiest way to give! Check one: Please withhold \$ each pay period over year(s) for a \$ pledge. \$1000 pledge gets your name permanently placed on wall in the corridor near lab and radiology!

One-time Gift by Check or Credit Card Visit www.ccmhfoundation.com to make a credit card donation Must be \$100 or greater annually to take part in various employee incentives. I have enclosed a check in the amount of \$ I have made an online credit card payment in the amount of \$ Name on card

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

Table with 7 columns: RE, TY, List, Spreadsheet, 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:
<b>\$250</b>	9.62	1	26
	4.81	2	52
	3.21	3	78
	2.41	4	104
	1.93	5	130
<b>\$500</b>	19.24	1	26
	9.62	2	52
	6.42	3	78
	4.81	4	104
	3.85	5	130
<b>\$1000</b>	38.47	1	26
	19.24	2	52
	12.83	3	78
	9.62	4	104
	7.70	5	130
<b>\$2000</b>	76.93	1	26
	38.47	2	52
	25.65	3	78
	19.24	4	104
	15.39	5	130
<b>\$3000</b>	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: \_\_\_\_\_