



Your gifts, your health, your community

Gold Star Employee Giving 2024

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. (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 [] 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, Roster, GS Tracking, 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: _____