

# YES! I would like to support the 2019 Employee Giving Campaign.



EMPLOYEE GIVING CAMPAIGN

(Please print and complete all lines below.)

## MY PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Location: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Phone (cell | home | work): \_\_\_\_\_  
(Please circle one.)

Email: \_\_\_\_\_

## MY TAX-DEDUCTIBLE GIFT

### BY PAYROLL DEDUCTION:

Please deduct the following annual amount through payroll deductions beginning in July 2019:

- \$26 (\$1.00 per pay)     \$500 (\$19.23 per pay)  
 \$52 (\$2.00 per pay)     \$1,000 (\$38.46 per pay)  
 \$100 (\$3.85 per pay)     Other \$ \_\_\_\_\_  
 \$250 (\$9.62 per pay)

### EMPLOYEE ID# (REQUIRED FOR PAYROLL DEDUCTION):

\_\_\_\_\_  
(May be found on your pay stub.)

### SIGNATURE (REQUIRED FOR PAYROLL DEDUCTION):

BY CHECK (ENCLOSED): \$ \_\_\_\_\_

(Make check payable to one of the entities listed at right.)

BY CREDIT CARD: \$ \_\_\_\_\_

- Visa     MasterCard     Discover     AmExpress

Name: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Signature: \_\_\_\_\_

- Do NOT list my name in any donor recognition.

Make your SECURE ONLINE PLEDGE by logging into "MLH Self Service" from the Intranet and selecting "MLH Employee Giving Election."

## I WOULD LIKE MY GIFT TO SUPPORT:

### Bryn Mawr Hospital:

- LGBTQ Inclusive Care     Highest Priority Needs  
 Nursing Excellence     Other: \_\_\_\_\_  
 Patient Experience

### Bryn Mawr Rehab Hospital:

- Highest Priority Needs     Therapy Excellence  
 Patient Therapy Scholarship     Other: \_\_\_\_\_  
 Nursing Excellence

### HomeCare & Hospice:

- Highest Priority Needs     Home Telemonitoring  
 Patient Assistance     Other: \_\_\_\_\_  
 Hospice

### Lankenau Medical Center:

- Emergency Department Expansion     Highest Priority Needs  
 LIMR     Other: \_\_\_\_\_  
 Nursing Excellence

### Main Line Health:

- Nursing Excellence     Palliative Care  
 Perinatal Bereavement

### Mirmont Treatment Center:

- New Patient Wing     Patient Scholarship

### Paoli Hospital:

- Nursing Excellence     Highest Priority Needs  
 Cancer Center     Other: \_\_\_\_\_

### Riddle Hospital:

- Birthplace Campaign     Highest Priority Needs  
 Cancer Programs     Other: \_\_\_\_\_  
 Nursing Excellence

## GIVEAWAY (FOR DONORS OF \$52 AND ABOVE)

- I would like to **opt out** of receiving this year's giveaway item.

Giveaways will be available for pickup after the campaign concludes.

If I qualify, I'd like to pick up my giveaway at:

- Bryn Mawr Hospital     Paoli Hospital  
 Bryn Mawr Rehab Hospital     Radnor Corporate Center  
 Lankenau Medical Center     Riddle Hospital  
 Mirmont Treatment Center

FOR MORE INFORMATION, PLEASE CALL 484.580.4195

