

## Workplace Giving Donation Form

foundation@trinityhealthofne.org

### Step 1: Employee Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Colleague ID#: \_\_\_\_\_ Department: \_\_\_\_\_  
 Work email: \_\_\_\_\_ Home email: \_\_\_\_\_

### Step 2: Designation (select one)

- ☐ Area of Greatest Need  
☐ Healthcare for the Homeless  
☐ Colleague Care Fund

- ☐ Colleague Crisis Fund  
☐ Andy Yee Palliative Care Unit  
☐ Other: \_\_\_\_\_

### Step 3: Contribution (choose one of the options below)

A. Payroll Deduction – Indicate if paid by Livonia: \_\_\_ Yes \_\_\_ No

Per paycheck (every two weeks):

☐ I understand deductions will rollover year to year unless I notify the Office of Philanthropy at 860-714-4900.

☐ \$20 ☐ \$10 ☐ \$4 ☐ \$2 ☐ Other: \_\_\_\_\_

Onetime Deduction:

☐ \$500 ☐ \$250 ☐ \$100 ☐ \$50 ☐ Other: \_\_\_\_\_

B. Change my current deduction per paycheck (every two weeks):

As of this date: \_\_\_\_\_ to \$ \_\_\_\_\_

C. Check or Cash

I would like to donate \$ \_\_\_\_\_ by ☐ Check ☐ Cash  
*(Checks should be made payable to Mercy Medical Center. Please DO NOT mail cash.)*

D. Credit Card (Please include ALL information)

I would like to donate \$ \_\_\_\_\_ per ☐ Month ☐ Quarter ☐ Twice a Year ☐ One Time Charge

Credit Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

### Step 4: Appreciation Gift:

Gifts of \$100 or more receive a “Be Inspired” men’s \_\_\_ or ladies \_\_\_ t-shirt, while supplies last.

☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ 2X ☐ 3X ☐ No gift thank you

### Step 5: Submit—Office of Philanthropy – foundation@trinityhealthofne.org

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

☐ I am interested in including the hospital in my will or life insurance. Please contact me.

☐ I wish to remain anonymous on any publication of donors.