

**BECAUSE YOU CARE,**  
WE CAN MAKE A DIFFERENCE



**Med Center Health.**

Foundation

**100%** of your gift  
**CHANGES**  
**LIVES!**

All administrative costs are funded by Med Center Health.  
Your donation is tax-deductible and will be listed at year end on your W-2.

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_  
(Please print name as you want it to appear on donor listings.) ☐ Anonymous

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Entity: ☐ TMC at Bowling Green ☐ TMC at Scottsville ☐ TMC at Franklin ☐ TMC at Caverna ☐ TMC at Albany

☐ CHC ☐ CRSH **Department:** \_\_\_\_\_ Ext. \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Yes, I want to support Med Center Health Foundation's mission through payroll deduction as indicated below:**

☐ **NEW MEMBER**

**Total Amount to be Deducted Per Pay Period:**

- ☐ \$1 per pay period ☐ \$4 per pay period  
☐ \$2 per pay period ☐ \$5 per pay period (High Five Club)  
☐ \$3 per pay period ☐ \$10 per pay period (Top Ten Club)  
☐ \$20 per pay period (Score Twenty Club)  
☐ 1 hour of pay per pay period (Hour Club)

☐ **CURRENT MEMBER** (Pledge Amount: \$ \_\_\_\_\_)

☐ Increase Amount By:

- ☐ \$1 per pay period ☐ \$5 per pay period (High Five Club)  
☐ \$2 per pay period ☐ \$10 per pay period (Top Ten Club)  
☐ \$3 per pay period ☐ \$20 per pay period (Score Twenty Club)  
☐ \$4 per pay period ☐ 1 hour of pay per pay period (Hour Club)

**New Amount to be Deducted Per Pay Period: \$ \_\_\_\_\_**

**Gift Designation: (Required)** \*More than one fund designation can be chosen and your donation will be split equally between them.

- |   |   |
|---|---|
| 1. <input type="checkbox"/> The Community Clinic and The Dental Clinic        | 10. <input type="checkbox"/> The Medical Center Bowling Green         |
| 2. <input type="checkbox"/> Guardian Angel Children Services Program          | 11. <input type="checkbox"/> The Medical Center Scottsville           |
| 3. <input type="checkbox"/> MCH Cares Program                                 | 12. <input type="checkbox"/> The Medical Center Franklin              |
| 4. <input type="checkbox"/> Hospitality House                                 | 13. <input type="checkbox"/> The Medical Center Albany                |
| 5. <input type="checkbox"/> Cancer Center                                     | 14. <input type="checkbox"/> The Medical Center Caverna               |
| 6. <input type="checkbox"/> Health Sciences Complex Simulation Lab            | 15. <input type="checkbox"/> Commonwealth Regional Specialty Hospital |
| 7. <input type="checkbox"/> Neonatal Intensive Care Unit (NICU)               | 16. <input type="checkbox"/> Marion Boyd Scholarship Fund             |
| 8. <input type="checkbox"/> The Rebecca D. Shadowen Research & Education Fund | 17. <input type="checkbox"/> Greatest Need                            |
| 9. <input type="checkbox"/> Cal Turner Rehab & Specialty Care                 |   |

T-Shirt Size \_\_\_\_\_  
(Anyone donating \$5+  
per pay period)

Signature \_\_\_\_\_ Date \_\_\_\_\_

For more information, call (270) 796-6519 or [kasmith@mchealth.net](mailto:kasmith@mchealth.net)

*This deduction will remain in effect until I revoke in writing.*

**All donations will begin with the next pay period.**

**SEND ORIGINAL FORM TO:**  
**KATHY SMITH - MED CENTER HEALTH FOUNDATION**