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: _____ T-Shirt Size: _____

Entity: ❑ TMC at Bowling Green ❑ TMC at Albany ❑ TMC at Caverna ❑ TMC at Franklin ❑ TMC at Russellville

❑ TMC at Scottsville ❑ CHC ❑ Other **Department:** _____ Ext. _____

Phone Number: _____

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
- ❑ $2 per pay period
- ❑ $3 per pay period
- ❑ $4 per pay period
- ❑ $5 per pay period (High Five Club)
- ❑ $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
- ❑ $2 per pay period
- ❑ $3 per pay period
- ❑ $4 per pay period
- ❑ $5 per pay period (High Five Club)
- ❑ $10 per pay period (Top Ten Club)
- ❑ $20 per pay period (Score Twenty Club)
- ❑ 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. ❑ The Community Clinic and The Dental Clinic
2. ❑ Robert & Mary Tincher Guardian Angel Children's Services Program
3. ❑ MCH Cares Program
4. ❑ Hospitality House
5. ❑ Cancer Center
6. ❑ Health Sciences Complex Simulation Lab
7. ❑ Neonatal Intensive Care Unit (NICU)
8. ❑ The Rebecca D. Shadowen Research & Education Fund
9. ❑ Cal Turner Rehab & Specialty Care
10. ❑ The Medical Center Bowling Green
11. ❑ The Medical Center Albany
12. ❑ The Medical Center Caverna
13. ❑ The Medical Center Franklin
14. ❑ The Medical Center Russellville
15. ❑ The Medical Center Scottsville
16. ❑ Marion Boyd Scholarship Fund
17. ❑ **Greatest Need**

Signature _____ **Date** _____

For more information, call 270-745-6519 or foundationevents@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:
MED CENTER HEALTH FOUNDATION

Rev. 06/26

ECHO together

ECHO for

ECHO each other

MCHcares

Employees Contributing to Help Others (ECHO) makes a profound difference and sends a message to our community that Med Center Health employees are passionate about healthcare and about their communities.

Your donation, in any amount, makes a difference! 100% of your gift goes directly to your designated fund.

Med Center Health®
Foundation

Scan to learn more