

# EMPLOYEE GIVING CAMPAIGN

St. Anthony Foundation's Employee Giving Campaign encourages employees to support your passion for our healing mission with a donation to benefit our patients, equipment, expansion and co-workers. **This is the only fundraising campaign that directly benefits our patients and hospitals.** You can make a powerful impact on the place you work every day.

## SUPPORT YOUR PASSION

What matters most to you? With 30 funds to cover the Saints network, you have the power to give to what matters to you.

## HOW TO GIVE

1. Complete the pledge form on the back of this page. Select a one-time gift or a payroll deduction. Be sure to designate your gift!
2. Return your pledge form to your manager or to Christina Mohr in Administration by Friday, June 10th.

**100% of your donation stays here at Saints.**

**100% is tax deductible.**

**100% makes a difference.**

**Your gift helps the Foundation give more than \$1 million each year to benefit patients and staff across our Oklahoma network.**

**Donations from employees and the community are more important than ever to continue providing exceptional health care services.**

## CONTACT US

The Foundation would love to talk to you about the campaign, your donation or what we do.

**Call: 405-272-7070**

**Email: [Celena\\_McCord@ssmhc.com](mailto:Celena_McCord@ssmhc.com)**

**Online: [www.GiveToSaints.com](http://www.GiveToSaints.com)**

## FAQ

We know you have questions. You can visit **[www.GiveToSaints.com/employee](http://www.GiveToSaints.com/employee)** for all the answers, plus a complete description of funds you can support.

THE FOUNDATION GAVE  
**\$1,408,835**

IN 2015 TO HELP OUR PATIENTS AND FACILITIES.



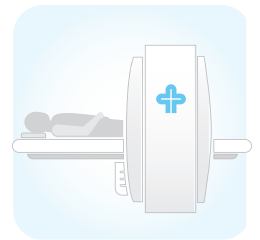
Chapel Renovation



Cafeteria Renovation



New Patient Beds



New Equipment



Nursing Scholarships



Orthopedic Research



Staxi Wheelchairs



Prescription Medication  
for our Neediest Patients

BENEFITING PATIENT CARE AT

## EMPLOYEE GIVING CAMPAIGN

### DONOR INFORMATION

Mr.  Mrs.  Ms.  Dr.

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

Employee Number: \_\_\_\_\_

Cost Center: \_\_\_\_\_ Department: \_\_\_\_\_

How would you like to be recognized in print? \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Telephone \_\_\_\_\_  Home  Work  Mobile

Preferred Email \_\_\_\_\_

### SELECT A DONATION OPTION

**A.**  I authorize St. Anthony Foundation to deduct the following amount per pay period (based on 26 pay periods)

**President's Circle** (\$2,000 and up)\*

\$100 per payroll (\$2,600/year)

\$77 per payroll (\$2,002/year)

**Leadership Circle** (\$1,000 and up)\*

\$50 per payroll (\$1,300/year)

\$38.50 per payroll (\$1,001/year)

Other: \$ \_\_\_\_\_ per payroll x 26 = \$ \_\_\_\_\_ /year

**Saints Circle**

\$25 per payroll (\$650/year)

\$15 per payroll (\$390/year)

\$10 per payroll (\$260/year)

\$5 per payroll (\$130/year)

\*gift of \$1,000 or more will be recognized on the donor walls at the Main Campus east and west entrances.

**B.**  I authorize St. Anthony Foundation to do a one-time payroll deduction for the following amount \$ \_\_\_\_\_

(please enter your one-time deduction amount)

**C.**  My gift is enclosed in the amount of \$ \_\_\_\_\_

Cash

Check made payable to St. Anthony Foundation

Credit Card:  Visa  MasterCard  Discover

Card # \_\_\_\_\_

Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

**D.**  I do not wish to give at this time.

### DESIGNATE YOUR GIFT

Please select a fund where you would like your gift to go. If no fund is specified, your gift will be designated to the Area of Greatest Need.

Area of Greatest Need at St. Anthony

Art Therapy Fund

Behavioral Medicine

Campus Development & Beautification

Cancer Care Fund

Cardiology Care Fund

Care and Compassion Fund-provides basic needs to continue healing after discharge

Emergency Department Fund

Employee Emergency Fund

Guest Services-helps patients' families in need (i.e. overnight accommodations)

ICU

Joyful Beginnings

Laboratory

Landscaping Fund

Nursing Resource Fund

Nursing Scholarships for SSM Oklahoma Employees

Pharmacy

Rehab Fund

Saints Pavilion

Sisters Fund-provides prescription medication for those in need

START

Technology

Tree of Life-provides comforts or medicines for cancer patients and their family members

Wound Care

Bone and Joint Area of Greatest Need

Bone and Joint Employee Emergency Fund

St. Anthony North

St. Anthony South

St. Anthony Shawnee Area of Greatest Need

St. Anthony Shawnee Employee Emergency Fund

### SIGNATURE

Your signature is required to authorize payroll deduction.

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

**Thank you for your support!** Your donation is tax deductible. An acknowledgement letter will be sent to your home address. You may change or stop payroll deduction anytime with a written request to the Foundation. Return completed forms to your manager, Christina Mohr in Administration or contact the St. Anthony Foundation at 272-7070.

Questions? Visit [www.GiveToSaints.com](http://www.GiveToSaints.com) or email [Celena\\_McCord@ssmhc.com](mailto:Celena_McCord@ssmhc.com)

St. Anthony Foundation | 601 NW 11th Street | Oklahoma City, OK 73103