



Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Employee# \_\_\_\_\_ Name of Department \_\_\_\_\_

\_\_\_\_\_  
Name as you prefer to be recognized on our campaign plaque.

### 2016-2017 EMPLOYEE CAMPAIGN



### I'D LIKE TO SUPPORT TRIHEALTH WITH THE FOLLOWING GIFT:

OPTION 1

#### PAYROLL DEDUCTION

Hour Club – Full-Time Employees

- I authorize one hour of pay to be deducted from my TriHealth paycheck each pay period for 26 pay periods beginning 9/22/16.

Hour Club – Part-Time Employees

- I authorize 1/2 hour of pay to be deducted from my TriHealth paycheck each pay period for 26 pay periods beginning 9/22/16.

OPTION 2

- I authorize \$\_\_\_\_\_ to be deducted from my TriHealth paycheck each pay period for 26 pay periods beginning 9/22/16.  
 I authorize \$\_\_\_\_\_ to be deducted from my TriHealth paycheck on 9/22/16.

OPTION 3

#### VACATION TIME DEDUCTION

- I would like TriHealth to deduct \_\_\_\_\_ hours of vacation time on 9/16/16.

Please note: Vacation time donations are deducted on a quarterly basis with a maximum of 40 hours per quarter. Your gift is the after-tax value of your vacation time donation. Taxes are determined by your individual tax status and withholdings at the time of your vacation time donation.

OPTION 4

#### DIRECT PAYMENT

- I would like to make a ONE-TIME gift of \$\_\_\_\_\_.  
 Enclosed is a check payable to Good Samaritan Hospital Foundation or Bethesda Foundation  
 Charge my credit card  
 I would like to make an ONGOING monthly gift of \$\_\_\_\_\_.  
 Charge my card (15th of each month)  
 American Express    MasterCard    VISA    Discover

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

TRIBUTE

#### I would like my gift

- IN HONOR OF    IN MEMORY OF \_\_\_\_\_

#### Please send notification of this tribute gift to:

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Relationship to above \_\_\_\_\_

**ON THE BACK, please indicate the specific area your donation will be supporting.**

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

Please return your pledge card to the Foundation by **September 1, 2016**.  
Thank you for your support!

**Together We Triumph**



As a member of the TriHealth family, I wish to make a donation to the specific area(s) indicated below. If I choose more than one, I realize my donation will be evenly divided between my choices.

## **Bethesda**

BETHESDA FOUNDATION INC.

Greatest Needs (4201) – To support the greatest needs of Bethesda North Hospital.

### **PATIENT CARE**

Healing Touch (4238) – To provide certification for practitioners who help balance the energy system of patients.

### **HOSPICE OF CINCINNATI**

End of Life Care (4432) – To provide comfort, compassion and end of life care services to patients and their families.

### **FERNSIDE, A CENTER FOR GRIEVING CHILDREN**

Grief Support Services (4900) – To provide grief support, education and outreach to grieving children and families.

### **CHARITY CARE**

Patient Emergency Fund (4224) – To provide assistance to patients with needs above their regular hospital stay.

Employee Emergency Fund (4206) – To meet the needs of employees experiencing a crisis.

Exercise Program Assistance (4139) – To provide financial assistance to individuals with both a medical and a financial need who cannot afford to pay for a full membership to use the TriHealth Fitness & Health Pavilion.

### **SCHOLARSHIPS**

Judy Staley Scholarship Fund (4505) – To provide educational opportunities to employees of the Endoscopy Department.

Meredith Schreiner Nursing Education and Research Fund (4501) – To provide scholarships, loans and educational fees for employees.

Bethesda School of Nursing Alumni Association (4126) – Awards scholarships to alumni to pursue advanced nursing degrees.

Liu Xiaoming Scholarship Fund (4508) – To provide funds for ongoing education for the employees of Radiology and the Ambulatory Treatment Center.

Other \_\_\_\_\_

For additional information, please contact Amber Douglas at 513-865-5223 or [amber\\_douglas@trihealth.com](mailto:amber_douglas@trihealth.com).



## **Good Samaritan Hospital FOUNDATION**

Greatest Needs (71100300.000) – To support the greatest needs of Good Samaritan Hospital as deemed necessary by the Good Samaritan Hospital Foundation board of trustees.

### **PATIENT CARE**

NICU (71100406.001) – To purchase neonatal and/or perinatal equipment or support events that benefit the NICU.

Cardiology (71100405.001) – To purchase patient convenience items, provide funds for educational programs, ongoing support for screening and prevention, and related activities that support the mission of cardiology program.

Women’s Services (71100490.002) – To provide support for the Women’s Services Department.

Cancer Care Fund (71100400.001) – To support both the medical and nonmedical needs of Good Samaritan Hospital patients diagnosed with cancer related diseases.

### **SPIRITUAL HERITAGE**

Pastoral Care (71100556.000) – To meet the needs of the Pastoral Care department, and the spiritual needs of patients and their families.

Employee Emergency Fund (71100428.000) – To meet the needs of current employees in crisis situations.

### **MINISTRY TO THE COMMUNITY**

Free Health Center (71100573.000) – To provide operational support for the Free Health Center.

Outreach Ministries (71100445.005) – To offset costs associated with the Outreach Ministries Program. *(previously Parish Nurse Ministry)*

Faculty Medical Center (71100429.003) – To meet uncovered needs of needy FMC patients and to offset unpaid bills of FMC patients.

### **RESEARCH AND TRAINING**

Medical Research (71100471.001) – To support/fund research and projects for residents and physicians of Good Samaritan Hospital.

Mary Ann McGrath (71150463.000) – To support continuing education for Good Samaritan Hospital Nurses.

Other \_\_\_\_\_

For additional information, please contact Kelly Vance at 513-862-3742 or [kelly\\_vance@trihealth.com](mailto:kelly_vance@trihealth.com).

I would like more information about how to include Bethesda and Good Samaritan Hospital in my will or estate plans.

**Together We Triumph**