

Mercy Foundation, Inc.
2525 S. Michigan Ave., Room 240F
Chicago, IL 60616
(312) 567-2114 Office / (312) 567-6717 Fax

2009 Employee Annual Fund Appeal
Employee Gift / Pledge Commitment Form

Full Name _____
 Address _____

 City _____ State _____ Zip _____
 Department _____ Ext. _____ Phone: _____
 Email _____

I would like to make a \$ _____ contribution to the Mercy Foundation 2009 Employee Annual Appeal to support the New Cancer Center.

Payment Options:

- _____ • **My payment is enclosed.**
- _____ • **By Payroll (Complete the authorization section below)**

See the below EXAMPLES of pledge commitment amounts and payment amounts via payroll deduction.
(Based on 13 or 26 pay periods)

| <u>Pledge</u> | <u>Payroll Deduction (13 Weeks)</u> | <u>Pledge</u> | <u>Payroll Deduction (26 Weeks)</u> |
|---------------|-------------------------------------|---------------|-------------------------------------|
| \$50.00 | \$3.85 | \$50.00 | \$1.92 |
| \$100.00 | \$7.69 | \$100.00 | \$3.85 |
| \$250.00 | \$19.23 | \$250.00 | \$9.62 |
| \$500.00 | \$38.46 | \$500.00 | \$19.24 |
| \$750.00 | \$57.69 | \$750.00 | \$28.85 |
| \$1000.00 | \$76.92 | \$1000.00 | \$38.47 |
| \$1,250.00 | \$96.15 | \$1,250.00 | \$48.08 |
| \$2,500.00 | \$192.31 | \$2,500.00 | \$96.16 |
| \$5,000.00 | \$384.62 | \$5,000.00 | \$192.31 |

One-time donations can also be made by payroll deduction. Payroll deductions can be made in any amount; the amounts listed above are only examples for your reference.

Payroll Deduction Authorization: (all information in this section must be completed in order to validate payroll deductions).

I _____ (please print) wish to contribute a portion of my paycheck to Mercy Foundation, Inc. each month. As an employee of Mercy Hospital and Medical Center, I hereby authorize Mercy Hospital to deduct the amount of \$ _____ from my bi-weekly paycheck until my total pledge of \$ _____ is paid in full.

Signature _____ Date _____

 **To make a donation online, visit www.mercy-chicago.org/Foundation**