

# Team member giving

## 2022 Pledge Form

Use this form to give via payroll deduction, check or cash, or to donate PTO hours. If you would like to give via credit card, please visit [give.spectrumhealth.org/grateful-giving-lakeland/non-recurring-gift](https://give.spectrumhealth.org/grateful-giving-lakeland/non-recurring-gift) or scan the QR code.



### Personal Information

Name \_\_\_\_\_ Employee Number \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### Preferred designation(s)

Check the box and specify an amount for **each** designation you would like to fund. To learn more about these, or other, programs and giving opportunities, call the Foundation office at 269.927.5111.

Close Enough to Care Fund .....	\$ _____	Niles Food Pantry Fund.....	\$ _____
CHS Care Fund .....	\$ _____	Niles Hospital Expansion.....	\$ _____
Lory's Place .....	\$ _____	Other .....	\$ _____
Marie Yeager Cancer Center.....	\$ _____		
Hanson Hospice Center.....	\$ _____		
GME Residents Fund.....	\$ _____		
Health Equity Fund .....	\$ _____		

### Close Enough to Care

I would like to make a **one-time donation** of \_\_\_\_\_ PTO hours, to be deducted from my available hours in January 2023 and converted to dollars to support fellow team members in need.

### Donation method

My gift of \$ \_\_\_\_\_ is enclosed (cash or check payable to **Spectrum Health Lakeland Foundation**).

Please initiate a payroll deduction in the amount of \$ \_\_\_\_\_ **per pay period**, beginning in January 2023, and continuing until I elect to cease the deduction. I understand that I can manage my contribution (after Jan. 1) by emailing [shlf@spectrumhealth.org](mailto:shlf@spectrumhealth.org).

### Authorization

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

**Print this completed form and return with your donation to Jennifer Scaccia. Thank you!**

Questions? Contact a Foundation team member at 269.927.5111 or [shlf@spectrumhealth.org](mailto:shlf@spectrumhealth.org).