

# PARTNERS *of* HOPE

## MARY BIRD PERKINS CANCER CENTER TEAM MEMBER GIVING



The Cancer Center team is made up of the most compassionate, dedicated people providing the best care in the region. This is why years ago, team members founded **PARTNERS of HOPE** (POH), an employee giving program, providing another way to advance the organization's mission to improve survivorship and lessen the burden of cancer. POH provides an easy way for Mary Bird Perkins and hospital partner employees and physicians to give through payroll deductions or one-time gifts.

### AREAS OF NEED: **PARTNERS of HOPE GIVING FOCUS - 2020-2021**

#### **FUNDS WILL BE UTILIZED FOR PATIENT SUPPORT PROGRAMS, INCLUDING:**

**TRANSPORTATION**

**FOOD SECURITY**

**PATIENT NAVIGATION**

**NUTRITIONAL COUNSELING**

**SOCIOEMOTIONAL SERVICES**

Funds raised will be divided among all cancer centers and Cancer Services. Amounts will be allocated based on patient volumes and needs. \*Funds may also be utilized for other patient programs as needs arise throughout the year.

**GOAL:** .....

**100% team member participation at all locations - any amount will help!**

For more information and a special message from Todd Stevens, president and CEO, Mary Bird Perkins Cancer Center, visit [WWW.MARYBIRD.ORG/POH](http://WWW.MARYBIRD.ORG/POH)

**BECAUSE  
WE  
CARE**

**JOIN US** 

# PARTNERS *of* HOPE

Your gift to **Partners of Hope** Team Member Giving will make a difference and provide more support at all Mary Bird locations, including Cancer Services. Please join your fellow team members by making your donation today!

## CONTACT INFORMATION

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

Department/Location: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

## DONATION INFORMATION - Please pick one option or a combination of the following:

### OPTION 1: Payroll Deduction

I would like to **BEGIN** Partners of Hope Payroll Deduction

Please select an amount for your donation  \$5  \$10  \$15  \$20  \$25  Other \_\_\_\_\_

I would like to **INCREASE** my current Partners of Hope donation through Payroll Deduction

Please select an amount to increase your donation  \$5  \$10  \$15  \$20  \$25  Other \_\_\_\_\_

\* Payroll Deduction donations are recurring gifts that will roll over from year-to-year

\* Recurring minimum \$2 per pay period

\* As of 2017, recurring payroll deductions are not end dated; email HR to change this deduction anytime.

### OPTION 2: PTO Donation

Paid Time-Off (PTO) Donation (One Time donation) \* minimum donation of 5 PTO hours, must have 40 hours of accrued PTO

Please indicate: Hours \_\_\_\_\_ Total Value of Gift \$ \_\_\_\_\_

## HONOR/MEMORIAL INFORMATION

I choose to make my gift  in memory of or  in honor of

Please send a notification of this gift to:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

I wish to remain anonymous

## TO CONFIRM DONATION, Please check the box below, sign, date and return your form:

I understand that my commitment is not legally binding; however, it is viewed as a strong indication that I intend to complete my donation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SAVE & SUBMIT YOUR PARTNERS OF HOPE FORM TO CORRIE MACKEY**

INTEROFFICE MAIL: Human Resources, Attention Corrie Mackey

EMAIL: Corrie Mackey, cmackey@marybird.com