

Memorial Hospital FOUNDATION

INTRODUCES THE



WHAT IS W.H.A.T.?

WE HELP ACHIEVE TOMORROW

W.H.A.T. REPRESENTS THE HUNDREDS OF MHG EMPLOYEES WHO DONATE TO THE MEMORIAL HOSPITAL FOUNDATION.

W.H.A.T. IS 100%! 100% OF EMPLOYEE DONATIONS SUPPORT MEMORIAL HOSPITAL, OUTREACH TO OUR COMMUNITY, AND THE SPECIAL NEEDS OF OUR PATIENTS.

JOIN W.H.A.T. CLUB TODAY!

foundation@mhg.com | www.memorialhospitalfoundation.com | 228-865-3419 | Like us on Facebook

LIVE SAVING EQUIPMENT THROUGH OUR EMERGING NEEDS FUND

MHG EMPLOYEE CRISIS ASSISTANCE

SCHOLARSHIPS FOR DEPENDENTS OF MHG EMPLOYEES

PROFESSIONAL DEVELOPMENT FOR CLINICAL STAFF THROUGH THE NURSING PROFESSIONAL EXCELLENCE FUND

PRESCRIPTION AND TRANSPORTATION ASSISTANCE FOR ONCOLOGY PATIENTS THROUGH OUR ONCOLOGY FUND

MAMMOGRAM SUPPORT FOR WOMEN THROUGH OUR BREAST IMAGING FUND

LIFE SAVING EQUIPMENT FOR NICU

PRESCRIPTION ASSISTANCE FOR CARDIAC PATIENTS THROUGH OUR HEART SERVICES FUND

PRESCRIPTIONS AND SUPPLIES FOR OUR PEDIATRIC PATIENTS THROUGH OUR RANDALL SPECK PEDIATRIC SPECIAL NEEDS PATIENT FUND

LIFE JACKETS & BICYCLE, ATV, & EQUESTRIAN HELMETS TO MORE THAN 3,000 LOCAL CHILDREN THROUGH OUR THINKFIRST PROGRAM

(Mr. | Mrs. | Ms. | Dr.) Name: _____ Dept: _____ Ext: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Email: _____ ID (E#): _____

I want my donation to support the _____ fund(s). (See www.memorialhospitalfoundation.com for a complete list of funds. If no fund is designated, donations will be directed to the General fund.)

PLEASE SELECT ONE

MONTHLY PAYROLL DEDUCTION: I authorize Memorial to deduct the following amount on the second paycheck of each month (12 pay periods) *To keep administrative costs low, a minimum deduction of \$5 per pay period per fund is required.*

\$208.33 (\$2,500/yr) \$125.00 (\$1,500/yr) \$83.33 (\$1,000/yr) \$62.50 (\$750/yr) \$41.67 (\$500/yr)

\$20.83 (\$250/yr) \$12.50 (\$150/yr) \$8.33 (\$100/yr) Other \$ _____ per month

SIGNATURE: _____ DATE: _____

Your signature is required to authorize/discontinue payroll deduction. Your donation will **AUTOMATICALLY RENEW EACH YEAR** unless you contact the Foundation to cancel your contribution. You may contact the Foundation at any time to change or stop payroll deduction.

ONE-TIME GIFT: My gift is attached in the amount of \$ _____ (Please make checks payable to *MHG Foundation*)

The Foundation will display donor names on the donor wall. Please check the box to the left if you wish to remain anonymous. Contribution amounts are confidential. The Foundation does not provide goods or services as whole or partial consideration for contributions.

Please return form to team representative or the MHG Foundation mailbox. You can also donate online anytime at www.memorialhospitalfoundation.com. Thank You!