

**JOIN YOUR FELLOW EMPLOYEES IN HELPING
OUR HOSPITAL AND COMMUNITY SHINE BRIGHTER.**



SHINE

SHINE is our Foundation employee giving program that allows us to share, heal, inspire, nurture and enrich the lives of others.

When you sign up for SHINE, 100% of your donation will help serve the unmet needs of our patients, fellow employees and the community. You can decide where you want your money to go, or let us apply it to the greatest need.

You are a light for others. Join SHINE today and let's shine even brighter together!


**Memorial
Hospital**
FOUNDATION

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

Home Address: _____ City: _____ Zip: _____

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

I want my donation to support the _____ fund (s).

(Visit www.memorialhospitalfoundation.com for a list of funds. If no fund is designated, donations will be directed to the general fund.)

PLEASE SELECT ONE

MONTHLY PAY-ROLL DEDUCTION: I authorize Memorial to deduct the following amount from the second paycheck of each month (12 pay periods). *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

Your signature is required to authorize 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. **Signature:** _____ **Date:** _____

ONE-TIME GIFT: My gift in the amount of \$_____ is attached. *(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 this form to the MHG Foundation mailbox, representative or mail to P.O. Box 940, Gulfport, MS 39502.

You can also donate on our website.

www.MemorialHospitalFoundation.com ■ 228.865.3419

