

Employee Gift Designation Form



Name(s): _____

(Please print your name(s) as you would like it to appear for recognition purposes.)

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

Employee Number: _____ Dept _____

Shift: _____

I/we wish to remain anonymous.

Gift Designation - Please direct my gift as follows:

2010 Funding Priorities:

- Meriter Hospital Renewal – Area of Greatest Need
- Orthopedic & Neuroscience Center of Excellence
- Women's Health Pavilion

Additional Areas of Support:

- Cardiovascular Services
- Center for Nursing Excellence
- Child & Adolescent Psychiatry
- Newborn Intensive Care
- Operating Room Expansion

Payment Information

I wish to make a gift through payroll deduction:

My gift is for a total of \$ _____. Please deduct \$ _____ per paycheck. (With this option, your payroll deduction will end once the total gift amount you indicate is reached. This deduction will not be made or accrued during periods when no pay is earned.)

My gift is for \$ _____ per paycheck. (With this option, your payroll deduction will continue until you advise Meriter Foundation to discontinue it. This deduction will not be made or accrued during periods when no pay is earned.)

I wish to make a one time gift of \$ _____.

My check is enclosed made payable to Meriter Foundation.

I prefer to pay by credit card. Please check one: VISA MasterCard

Account Number _____ Expiration Date _____

Name as it appears on credit card _____

I wish to discontinue my gift through employee payroll deduction.

Signature _____ Date _____

Your gift is tax deductible according to IRS guidelines. Please consult your tax advisor for more details.
To remove your name from our mailing list, please write to us at this address.

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