

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: _____

About My Gift

If you would like to share why you chose to support Meriter Foundation, we would love to hear from you.

I/WE WISH TO REMAIN ANONYMOUS.

Gift Designation - Please direct my gift as follows:

- Cancer Treatment
- Cardiovascular Services
- Center for Nursing Excellence
- Child & Adolescent Psychiatry
- Newborn Intensive Care
- Surgical Care
- Women's Health
- Area of Greatest Need - Hospital Unrestricted

Recognition Clubs

Annual Giving Wall Donor Clubs:

Leaders of Vision	\$10,000+
Meriter Society	\$5,000 - \$9,999
Circle of Life	\$2,500 - \$4,999
Circle of Health	\$1,000 - \$2,499
Circle of Care	\$500 - \$999

Annual Report Recognition Clubs:

Community Partners	\$250 - \$499
Community Patrons	\$100 - \$249

Legacy Society:

Meriter gives special gratitude to those who have included Meriter Foundation in their wills or estate plans. If you would like more information on making a bequest, please give us a call.

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 discontinue my gift through employee payroll deduction.

I prefer 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 _____

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.

Meriter Foundation, Inc.
202 S. Park Street, Madison, Wisconsin 53715
Telephone (608) 417-5300 Fax (608) 417-5325
E-mail foundation@meriter.com
www.meriterfoundation.org