



Your City, Your Hospital COLLEAGUES CAMPAIGN

Please complete this form if you would like to do any of the following:

- 1) Participate in the Colleagues Campaign and be honored on the Colleagues Donor Wall at the two new hospitals.
- 2) Become a new employee contributor.
- 3) Change your current payroll deduction and/or your gift designation.
- 4) Discontinue deductions.

If you are already contributing through Payroll and have no changes, your deductions will remain the same and you do not need to complete this form.

In order to be recognized on the Colleagues Donor Wall, you must make a single gift of \$1,000 or set up payroll deductions that will total \$1,000 by December 31, 2021.

1. CONTACT INFORMATION (REQUIRED)

Employee ID: _____

Name: _____ Dept.: _____

Home Address: _____ City: _____ Zip _____

Phone: _____ Email: _____

2. GIFT TYPE - SELECT A, B OR C (REQUIRED)

A. RECURRING PAYROLL DEDUCTION

I am a new contributor. Please deduct \$_____ (\$5 minimum) per pay period

Enter date to begin deductions: _____ (26 pay periods per year)

I am requesting a change.

My current deduction is \$_____ per pay period.

I wish to change my deduction to \$_____ (\$5 minimum) per pay period.

I wish to stop my payroll deductions. Effective Date: _____

B. CHECK (Single Gift)

Amount: \$_____ (Enclose a check made payable to CPMC Foundation.)

C. CREDIT CARD (Single Gift) Circle One: VISA / MasterCard / Amex

Amount \$_____ Credit Card # _____ Exp. Date _____ CVV _____

3. GIFT DESIGNATION

I wish to add or change my gift designation. (Select one)

_____ Annual and Priority Programs of CPMC Foundation

_____ Select your greatest area of interest at CPMC (**SEE REVERSE SIDE**) and write it below.

Designate my gift to: _____

4. SIGN AND DATE BELOW (REQUIRED)

Signature Authorization

Date

Check Here if this is a Memorial or Tribute Gift

Send tribute notification (circle one) in honor of / in memory of _____ TO:

Name: _____

Address: _____

Gifts of any size make an impact. Thank you for your generosity!

**Send completed form to CPMC Foundation, 2015 Steiner Street, San Francisco CA 94115
Or email it to: cpmcfoundation@sutterhealth.org Questions? Call us at 415-600-4400.**

WEB/For Office Use Only Zcode_____



You may choose from the list of funding opportunities below or designate another fund, such as your own department. Please write your selection in [Section 3 - Gift Designation](#) on the front of the Colleagues Campaign gift form.

Funding Opportunities

- Acute Care for the Elderly (ACE) Unit
- Coming Home Hospice
- Community Health Resource Center
- HealthFirst Program (Prevention and Education)
- Hospitalized Elder Life Program (HELP)
- Institute for Health & Healing
- Kalmanovitz Child Development Center
- Music Therapy Program
- Novack Family Child Life Services
- Nursing Education
- Ungerleider Palliative Care Education Fund
- Women's Health Center at the Pacific Campus
- Women's Health Resource Center