



BETTER TOGETHER PLEDGE FORM

RETURN COMPLETED FORM TO YOUR HR MANAGER OR CAMPUS CHAMPION FOR PROCESSING

Employee information – please print and fill out all sections legibly. If you do not provide a mailing address, you will not receive an acknowledgement letter for your contributions.

First Name _____ M.I. _____ Last Name _____ Campus _____

Home Address _____ City _____ State _____ Zip _____

Preferred E-mail _____ Phone# _____

GIVING TO SUPPORT SUN HEALTH'S NONPROFIT MISSION

Payroll deductions for this campaign will begin with the paycheck received January 1, 2021

EASY PAYROLL DEDUCTION (Taken over 24 pay periods annually):

General Payroll Deduction:

- Gift per pay period of: \$ 25 \$ 15 \$ 10 \$ 5 Other \$
One-time payroll deduction of \$ (minimum \$ 10)

Leadership Levels:

- \$ 417 per pay period (\$ 10,008 total) \$ 63 per pay period (\$ 1,512 total)
\$ 209 per pay period (\$ 5,016 total) \$ 50 per pay period (\$ 1,200 total)
\$ 105 per pay period (\$ 2,520 total) \$ 42 per pay period (\$ 1,008 total)

Cash/Check:

- Attach cash or check to this form. See your Champion for a special envelope to secure your donation
Make check payable to Sun Health Foundation

For information about additional donation options, please contact Sun Health Foundation at (623) 471-8508

Allocate 100% of your contribution to a single fund OR, using percentages, divide it among no more than 3 funds.

If no designation is indicated, your donation will be allocated to the General Fund for use in the areas of greatest need.

GENERAL FUNDS/AREA OF GREATEST NEED - *please see reverse side for important fund descriptions*

- % Sun Health Foundation Greatest Need (03GE)
% Emergency Department at Banner Boswell (00ER)
% Cancer Services expansion and technology advances at Banner Boswell and Banner Del E. Webb (07ON)
% Spine Health and Orthopedics at Banner Del E. Webb (02OR)
% Women and Infant Services at Banner Del E. Webb Medical Center (02WI)
% Sun Health Community Health and Wellness Programs (04CS)
% Employee Association (03AF)
% Other (Please Specify)

Print Name _____

Employee Signature _____

Date _____

For purposes of donor recognition, I prefer my gift to remain anonymous.

For questions about Better Together, please contact Joyce Wilt at (623) 471-8508 or Joyce.Wilt@sunhealth.org

Thank you for supporting the Better Together Employee Giving Campaign!