

Team Member Giving

2022 Pledge Form

Use this form to give via payroll deduction, check or cash, or to donate PTO hours. If you would like to give via credit card, please visit give.spectrumhealth.org/grateful-giving/credit-card or scan the QR code at right.



Personal Information

Name _____ Employee Number _____

Email _____ Phone _____

Preferred designation(s)

Check the box and specify an amount for **each** designation you would like to fund. To learn more about these, or other, programs and giving opportunities, call the Foundation office at 616.391.2000.

Grateful Giving	\$ _____	Kelsey.....	\$ _____
Butterworth	\$ _____	Ludington.....	\$ _____
Blodgett.....	\$ _____	Pennock.....	\$ _____
Helen DeVos Children's.....	\$ _____	Reed City.....	\$ _____
Lakeland.....	\$ _____	Greenville.....	\$ _____
Big Rapids.....	\$ _____	Zeeland	\$ _____
Gerber	\$ _____	Continuing Care.....	\$ _____
		Other	\$ _____

Close Enough to Care

I would like to make a **one-time donation** of _____ PTO hours, to be deducted from my available hours in January 2023 and converted to dollars to support fellow team members in need.

Donation method

My gift of \$_____ is enclosed (cash or check payable to **Spectrum Health Foundation**).

Please initiate a payroll deduction in the amount of \$_____ **per pay period**, beginning in January 2023, and continuing until I elect to cease the deduction. I understand that I can manage my contribution (after Jan. 1) by emailing foundation@spectrumhealth.org.

Authorization

Signature _____ Date _____

Please print this completed form and return with your donation to MC004. Thank you!

Questions? Contact a Foundation team member at 616.391.2000 or foundation@spectrumhealth.org.