



Employee Name (please print): _____
Employee ID: _____
Facility Name (PHH, POH, PNMG, etc.): _____
Department: _____
Daytime Phone Number: _____

Step 1: How I will participate...

Choose one of the boxes below and skip to Step 3.

- President's Club... 2 hours of pay per month to be deducted in equal amounts over 26 pay periods.
My Caring Share... 1 hour of pay per month to be deducted in equal amounts over 26 pay periods.
PTO Hours Donated _____ Specify 4 or more hours to be deducted in equal amounts over 4 pay periods.

OR Fill in your contribution amount and go to Step 2.

Total Gift of \$ _____

Leadership Level Gift of \$1,000 or more

Donate A Day: Donate 8 hours of PTO or more and be registered to win a GPS System.

Step 2: How I will pay my pledge...

Payroll Deduction

Deduct \$ _____ from _____ pay periods. (There are 26 pay periods in the year)

**Payroll deduction must be at least \$2.00 per pay period. Payroll deductions for this campaign begin January 2010. **

OR

Direct Billing:

- Bill me quarterly in 2010
Bill me monthly in 2010
Bill me once on _____ (Date beginning after 1/1/10)

OR

- Personal check \$ _____ (Enclosed) Make checks payable to: Presbyterian's Caring Beyond Our Walls Campaign
Cash \$ _____ (Enclosed)

Step 3: How I would like gift to be used...

Please select up to two codes from the back of this form and write them below.

_____ Designation Code _____ Designation Code

Step 4: Additional Information

- Yes, I am a first time giver.
I choose not to participate in Presbyterian's Caring Beyond our Walls Campaign this year.
I would prefer that my gift remain anonymous. Please omit my name from any publications.

Signature _____ (Required) Date _____

Thank You For Your Gift!
No benefits have been received in consideration of this contribution.



Presbyterian Healthcare has earned an outstanding reputation as a leader in our industry and in our community. Our employee giving campaign, Caring Beyond our Walls, further exemplifies the dedication that we have to supporting local agencies who serve communities in need. Caring Beyond our Walls supports the agencies listed below.

Employees may choose to donate to up to two agencies. There are no administrative or overhead fees; 100 percent of your donations will go to the organization(s) you select. We know that it is a difficult financial time for most, so we encourage you to stretch yourself and support others in our community who are struggling to meet the needs of their family.

We hope that you will share in our enthusiasm for this campaign and show your support by contributing what you can. You may choose to donate to up to two agencies, and no amount is too small. Every donation makes a difference!

AGENCY NAME	CODE
American Cancer Society- <i>South Atlantic Division</i>	001
American Heart Association- <i>Greater Charlotte Area</i>	002
Charlotte Community Health Clinic	003
Crisis Assistance Ministry	004
Lake Norman Free Clinic	005
March of Dimes- <i>Greater Piedmont Division</i>	006
Matthews Health Clinic	007
Second Harvest Food Bank of Metrolina	008
Presbyterian Hospital Community Care Cruiser	009
Presbyterian Healthcare Employee Emergency Fund	010
Presbyterian Hospital Foundation	011
Local United Ways	
United Way of Central Carolinas- <i>Community Care Fund*</i>	020
Chester Area United Way	021
United Way of Gaston County	022
United Way of Lancaster County	023
Rowan County United Way	024
United Way of Stanly County	025
United Way of York County	026
United Way of Lincoln County	027

* **United Way of Central Carolinas serves:** Anson County, Mecklenburg County, Union County, Cabarrus County, and South Iredell County.