

EMPLOYEE GIVING INITIATIVE

1 Information

Date: _____

Name: _____ Employee ID Number: _____

Department: _____ Title: _____

Address: _____

City: _____ State/Zip: _____

Phone: _____ Email: _____

2 Designation

- ☐ Area of Greatest Need
- ☐ Angel Network*
- ☐ Nursing at Methodist
- ☐ STAR Center
- ☐ Other: _____

*A contribution to the Angel Network supports our co-workers during a time of personal need by making a donation.

3 Gift Level

- ☐ \$1 per Pay Period
- ☐ \$5 per Pay Period
- ☐ \$10 per Pay Period
- ☐ \$25 per Pay Period
- ☐ \$40 per Pay Period
- ☐ \$ ____ Your Preferred Amount

4 Authorization

I hereby authorize the payroll deduction as indicated above I understand that this form constitutes a declaration of my intent to pay and may be revised upon request if my circumstances change or if I instruct otherwise at anytime.

Employee Signature _____ Date _____

Executive Director _____ Date _____

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the Foundation.





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Your Invitation to Give. You choose where to give, and payroll deduction makes participation easy and secure. This initiative is about participation and not the size of your gift. Every contribution matters.

100% of every gift supports our patients, colleagues, and communities we serve.

Frequently Asked Questions

What is the Employee Giving Initiative?

This is a voluntary employee giving initiative through the Methodist Hospitals Foundation. It empowers employees to support patient care, team members, and community health in meaningful ways.

Is participation required?

No. Giving is completely voluntary.

Is there a minimum gift?

No. This initiative is about participation and not the size of your gift. Every contribution matters.

Can I stop or change my gift?

Yes. At any time.

Is my giving confidential?

Yes. Unless you give us permission to share your information, we are obligated to keep your gift confidential.

How are gifts used?

You choose the priority area to support.

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