

Thank you! Make your impactful gift by payroll deduction, credit/debit card, or check.

## Required information

Name \_\_\_\_\_  
 Employee ID # \_\_\_\_\_ Department/extension \_\_\_\_\_  
 Home address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_

## Payroll deduction donation options

The gift chart below shows the impact your payroll deduction gifts can make over 26 pay periods.

### Continued giving

By signing up for continuous giving, your payroll deduction will renew automatically until you notify the Spirit of Charity Foundation in writing of cancellation. \$ \_\_\_\_\_ (deduction per paycheck)

### Annual giving

Total gift of \$ \_\_\_\_\_ ÷ 26 pay periods = \$ \_\_\_\_\_ (deduction per paycheck). Start date \_\_\_\_\_

### One time gift

Total gift of \$ \_\_\_\_\_ (deducted from one paycheck)

### Check

My gift of \$ \_\_\_\_\_ is payable to the Spirit of Charity.    Mailed    Enclosed

### Credit/debit card

My gift will be made online at [umcno.org/foundation/employeeegiving](http://umcno.org/foundation/employeeegiving).

## Suggested payroll deduction

Per pay period deduction	26 pay period gift total
\$1.92	\$50
\$2.88	\$75
\$3.85	\$100
\$5.76	\$150
\$7.69	\$200
\$9.62	\$250
\$11.54	\$300
\$15.38	\$400
\$19.23	\$500
\$28.85	\$750
\$38.46	\$1,000
\$57.69	\$1,500
\$96.15	\$2,500

Please return your completed form to:  
**[socfoundation@LCMCHealth.org](mailto:socfoundation@LCMCHealth.org)**  
 or call **504.702.3113**