


HOW TO GIVE

1 Complete the pledge form below. Choose a one-time gift or a payroll deduction. If you are already signed up for payroll deduction, you do NOT need to submit a new form unless you are changing your amount or gift designation.

2 Return your pledge form to your manager by Friday, May 12, to the Foundation mailbox (#50), or to the Good Samaritan Foundation office, located on the second floor of the Bierhaus Building in Suite 201. You can also scan your form and email: cwelage@gshvin.org.
Questions? Call us at (812) 885-3477.

Everyone who turns in a completed pledge form (either paper or electronic), or makes a donation will be entered into a drawing for the following prizes during the week of May 8-12:

- Designated parking spot for the entire month of June 2023
- Assortment of \$25 gift cards to Amazon, Target, Walmart, Starbucks and Gas Cards
- Two individual 8-hour days of PTO
- A set of two tickets to the Foundation Concert, Dance and Auction on Nov. 18
- Two \$20 gift cards for the cafeteria, gift shop and logo store
- One year of FREE custard from 

Check out the Employee Giving Campaign website page for more info & our online donation and payroll deduction forms!



SELECT A DONATION OPTION

A I hereby authorize the deduction of \$_____ per pay period be deducted from my salary/wages to be contributed on my behalf to Good Samaritan Foundation. I understand that the payroll deduction will continue until such time that I terminate its authorization. Payroll deduction will begin the second pay period after this form is received by Good Samaritan Foundation.

B My gift is enclosed in the amount of \$_____ Cash Check made payable to Good Samaritan Foundation

C I have made an online gift by credit or debit card at www.gshvin.org/employee-giving in the amount of \$_____

D I would like to discuss adding Good Samaritan Foundation as a beneficiary of a portion of my retirement funds.

Signature _____ Date _____

Employee Number _____ Department _____ Email _____

Name (print) _____ Home Address _____

I would like to make my donation anonymously.

DESIGNATE YOUR GIFT:

- Patient Assistance Emerging Needs Community Health & Wellbeing Technology & Medical Equipment
 Scholarships/Education & Retention/Recruitment Other _____

SELECT A SHIRT SIZE: S M L XL 2X 3X 4X 5X