

## Fund Descriptions

### **Marcum and Wallace Hospital Greatest**

**Need Fund:** Provides the flexibility to meet urgent needs as they arise.

**Capital Projects:** Facility Upgrades and Improvements.

### **Bon Secours Mercy Health Impact Fund:**

Impact greatest needs ministry-wide. Your gift will be shared among all BSMH Foundation markets.

**Caring for Our Own Fund** (formerly known as Associate Hardship Fund): Provides aid to associates facing financial hardships.

## FAQs

### **Why is an associate campaign important?**

Your gift to Bon Secours Mercy Health Foundation sends a powerful message of belief in our Mission beyond your everyday work and inspires others to support our work too.

### **Why is my gift this year more important than ever?**

The pandemic has brought to light new technological and clinical needs in our hospitals. The economic downturn has challenged our most vulnerable patient populations. And the Caring for Our Own Fund needs to be replenished. Your gift to a local fund or the Caring for Our Own Fund will help fill these critical needs.

### **How does my gift impact my community?**

Your donations make it possible for the Foundation to support projects and initiatives focused on great health care for the communities we serve and help for our most vulnerable patient populations. Funds remain local to help meet local needs for patient care and community investment.

**How much should I give?** It has been a challenging year for many of our associates. We recognize that each person's financial circumstances are unique. During this time, some associates will be able to help, and others will need help. If you are able, please consider a gift at a level that is comfortable and meaningful to you.

**Can I donate the value of Personal Time Off (PTO)?** Non-exempt associates may donate PTO. PTO policy no longer allows exempt associates to donate PTO.

**When does payroll deduction start?** One-time payroll deductions and PTO donations take place in Nov. 2020; ongoing payroll deductions will begin the first pay period of 2021.

**What if I donated earlier this year?** If you have made a new gift(s) in 2020, your gift will be counted in the Give for Good Campaign and recognized with a thank you item based on your total giving amount. We encourage you to pledge your 2021 gift during this year's Give for Good Campaign.

Thank you for  
**giving for good!**

BON SECOURS MERCY HEALTH  
Foundation

**GIVE FOR  
GOOD**

The Power of **Us**  
*Associate Giving Campaign*

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Foundation

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If no envelope provided, mail completed form to:

**Bon Secours Mercy Health**  
6623 Irvine  
PO Box 632660  
Cincinnati, OH 45263-2660

Or deliver your completed form to your  
local foundation office.

### **Questions?**

Call (606) 726-2119

Or email [giveforgood@bsmhealth.org](mailto:giveforgood@bsmhealth.org)



SEPTEMBER 2020  
**BSMHgiveforgood.com**

# GIVE FOR GOOD

## The Power of Us

### Ways to Make Good Happen

As an associate, you have several convenient ways to make your gift.

- Payroll deductions
- One-time cash, check or credit card gift
- Donate paid time off (only available for non-exempt associates)
- Pledge over 26 pay periods
- Recurring gift that continues as long as you desire
- *OR become a Power Hour donor*

### Be a Power Hour donor!

Make a big impact with an easy, personalized way to give based on your hourly wage.

**Example:**



All Power Hour donors will receive a special gift!

### Giving Levels

In appreciation for your donation, you will receive the following items based on your level of giving:

#### Power Hour

(one hour per pay period at base rate)

choose one:

- Utility tote
- Quilted event cooler
- 56" folding umbrella

#### Lead for Good

(\$1,000 per year; only \$38.47 per pay period)

choose one:

- 12 oz. insulated mug
- Zippered utility business tote bag
- Bento® lunch set

#### Half Hour Hero

(half hour of base rate pay per pay period)

choose one:

- Maritime tote bag
- 16 oz. insulated steel tumbler

#### All Donors of \$26 or more

- Give for Good badge reel

**Power Hour, Lead for Good and Half Hour Hero donors will be sent a link to order prizes online after the campaign ends. You will have the option to select a gift or opt out of receiving a gift at that time.**



### Yes! I want to Give for Good!

Complete an online giving form at [BSMHgiveforgood.com](https://BSMHgiveforgood.com). Or return this form in the envelope provided; to the address provided on back of brochure; or in person to your local Foundation representative or campaign volunteer.

#### How much to give and giving options:

Choose a giving level or fill in another amount.\*

##### Payroll Deduction

- Power Hour** (1 hour of pay per pay period\*)  
Please estimate your hourly pay rate: \$\_\_\_\_\_
- Half Hour Hero** (1/2 hour of pay per pay period\*)  
Please estimate your hourly pay rate: \$\_\_\_\_\_
- Lead for Good** = \$1,000 (38.47 for 26 pay periods)
- \$\_\_\_\_\_ per pay period
- \$\_\_\_\_\_ one-time payroll deduction

\*Your pay period gift will be recurring, meaning it will continue each year, unless you decide to stop or change the amount of your gift. You may opt out of recurring giving below.

- I prefer to opt out of recurring giving; my per pay period gift will stop after 12/31/2021.

##### One-time cash gift

- \$\_\_\_\_\_ cash/check enclosed (payable to Bon Secours Mercy Health Foundation)
- \$\_\_\_\_\_ credit card one-time or monthly charge (credit cards accepted online, via phone, or in person at Foundation office)

- PTO donation\*\*** (deducted from PTO balance in November 2020)  
\_\_\_\_\_ # PTO hours (8 hours minimum donation)

Due to policy changes, PTO donations can only be accepted from non-exempt (hourly) associates.

**\*\*PTO donations:** I understand the final value of PTO I donate will be reduced by 10% per tax laws and Bon Secours Mercy Health policy, and the remainder will be reported as taxable compensation to which applicable taxes will be applied. The after-tax amount will be the value of my donation and can be reported on my personal tax return as a charitable contribution consistent with IRS guidelines.

#### My information

Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Email (required) \_\_\_\_\_

**Signature** (required) \_\_\_\_\_

\_\_\_\_\_

### Direct my gift to:

(Total of all selections must equal 100%)

- Marcum and Wallace Hospital Greatest Need Fund** \_\_\_\_\_ %
- Capital Projects Fund** \_\_\_\_\_ %
- Bon Secours Mercy Health Impact Fund** \_\_\_\_\_ %
- Caring for Our Own Fund (for associate hardships)** \_\_\_\_\_ %
- Other (if applicable)** \_\_\_\_\_ %