

Fund Descriptions

Cincinnati Region Greatest Need Fund: Provides the flexibility to meet urgent needs as they arise.

Sr. Kathy Green Legacy Fund — Mercy Neighborhood Ministries: Promotes the empowerment of individuals with special focus on disadvantaged women and seniors.

Health Partnership Program: Provides affordable primary care, pharmaceuticals and case management for low-income patients.

Anderson Patient Assistance Fund: Allows us to remove non-medical barriers to care to promote holistic healing, such as providing medical equipment, transportation assistance and filling other needs.

Clermont Experience of Care: Supports enhancements that elevate the patient's experience of care at Mercy Health — Clermont Hospital.

Fairfield Hospital Catherine McAuley Fund: Supports Mercy Health — Fairfield Hospital patients and families in times of unexpected crisis.

The Jewish Hospital — Your Fund, Your Way: Supports needs throughout the hospital that benefit patients and employees.

West Hospital Greatest Need Fund: Allows West Hospital the flexibility to meet urgent needs as they arise.

United Way: Works to improve the lives of residents through partnerships and outreach.

ArtsWave: Funds arts projects through impact-based grants.

Ministry-wide funds

Caring for Our Own Fund: Provides aid to associates facing financial hardships.

Bon Secours Mercy Health Impact Fund: Impacts the greatest needs ministry-wide. Your gift will be shared among all BSMH Foundation markets.

FAQs

Why is an associate campaign important? Your gift 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 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.

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? 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 (hourly paid) associates may donate PTO. **PTO policy no longer allows exempt (salaried) associates to donate PTO.**

When does payroll deduction start? One-time payroll deductions and PTO donations take place in Nov. 2022; ongoing payroll deductions will begin the first pay period of 2023.

What if I donated earlier this year? If you have made a new gift(s) in 2022, your gift will be counted in the Give for Good Campaign and you may receive Called to Shine points based on your giving level. We encourage you to pledge your 2023 gift during this year's Give for Good Campaign.

What if I have an existing ongoing recurring gift? If you signed up in a prior campaign for an ongoing recurring gift, you do not need to renew your support. However, you may take this opportunity to change your gift. Any changes you make will replace your current gift.

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giving for good!

BON SECOURS MERCY HEALTH
Foundation

**GIVE FOR
GOOD**

The Power of Us
Associate Giving Campaign

If no envelope provided, mail completed form to:

Mercy Health Foundation Cincinnati
6320-Cincinnati, LBX 632660
P.O. Box 5776
Cincinnati, OH 45273-9942

Questions?

Call 800-999-2744
or email giveforgood@bsmhealth.org

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SEPTEMBER 2022
[BSMHgiveforgood.com](https://www.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
- 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:



Giving levels and rewards

Please select your reward below:

Power Hour

(one hour of pay per pay period at base rate)

Choose a box below:

- 1,200 Called to Shine points
- I do not wish to receive Called to Shine points

Lead for Good

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

Choose a box below:

- 1,000 Called to Shine points
- I do not wish to receive Called to Shine points

Half Hour Hero

(half hour of pay per pay period at base rate)

Choose a box below:

- 600 Called to Shine points
- I do not wish to receive Called to Shine points

All recurring donors:

If you have an ongoing recurring gift and are giving at the Power Hour, Lead for Good or Half Hour Hero level, we will email you to claim your Called to Shine points.

All donors who choose to make their gift recurring this year, or have an ongoing recurring gift will receive 100 Called to Shine points.

All donors:

All donors will receive 75 Be Well points!

Yes! I want to Give for Good!

Complete an online giving form at bsmhgiveforgood.com or return this form in the envelope provided to the address on the back of this brochure.

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 12/31/2023.**

One-time cash gift

- \$_____ cash/check enclosed
(payable to Bon Secours Mercy Health Foundation)

Credit Card gift. Charge to my:

- VISA MasterCard AmEx Discover
- Name on Credit Card _____
- Card # _____ Exp. Date _____

PTO donation**

(deducted from PTO balance in November 2022)
_____ # 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 _____ Associate ID # _____

Address _____

City / State / ZIP _____

Email (required) _____

Phone _____

Direct my gift to:

(total of all selections must equal 100%)

- Cincinnati Region Greatest Need Fund** _____ %
- Sr. Kathy Green Legacy Fund for Mercy Neighborhood Ministries** _____ %
- Health Partnership Program** _____ %
- Anderson Patient Assistance Fund** _____ %
- Clermont Experience of Care** _____ %
- Fairfield Hospital Catherine McAuley Fund** _____ %
- The Jewish Hospital – Your Fund Your Way** _____ %
- West Hospital Greatest Need Fund** _____ %
- Circle One: United Way Greater Cincinnati ArtsWave** _____ %
- Other (if applicable)** _____ %

Ministry-wide funds:

- Caring for Our Own Fund (for associate hardships)** _____ %
- Bon Secours Mercy Health Impact Fund** _____ %