

Giving Together Employee Drive 2023

October 16-20 at WCGH and October 23-27 at PBMC

Employee Donation Form

Full Name (as you would like to be recognized in the annual report)

☐ I wish to remain anonymous

I am pleased to donate a gift to ***Giving Together***.

- ☐ Please use my gift to support the Healing Garden at WCGH
- ☐ Please use my gift to support the Courtyard Revitalizations at PBMC
- ☐ Please use my gift to support both the Healing Garden and the Courtyard revitalization

Giving Options

- ☐ Paid Time Off (PTO): I have accrued PTO and would like to donate _____ hours.
- ☐ Payroll Deduction: I would like to make a total gift of \$_____ via bi-weekly payroll deductions in the amount of \$_____ over _____ years (up to three years).
- ☐ Gift of cash or check (make checks payable to Pen Bay Waldo Healthcare Foundation)

Credit Card

- ☐ I would like to make my gift via credit card (Mastercard and Visa accepted)

Amount to be charged: \$: _____

Name as it appears on card: _____

Card Number: _____

Expiration date: ____/____/____ CVV: _____

Signature _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Thank you for your support.

Your gift is tax-deductible to the fullest extent allowed by law.



Waldo County General Hospital
MaineHealth



Pen Bay Medical Center
MaineHealth