

EMPLOYEE CONTRIBUTION REPLY FORM



A Compassionate **Journey**

Thank you for your support of the Employee Philanthropy Program: Doorways to Compassionate Giving, featuring the *Compassionate Journey* campaign. There are several options for employees who wish to participate. Please choose the one that is most meaningful and works best for you.

PLEASE PRINT AND SIGN

Name _____ Date _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Email _____

Signature _____ ID Number _____

I WISH TO PLEDGE A TOTAL OF \$ _____ PAYABLE OVER 1 2 3 YEAR(S).

Designate my gift to:

- Compassionate Journey Campaign** for Merrimack Valley Hospice House
- Home Health VNA
- Merrimack Valley Hospice
- HomeCare, Inc.

GIFT PAYMENT OPTIONS

PAYROLL DEDUCTION

- Please deduct my gift in equal installments each pay period until my pledge is completed.
- I want to make a one-time gift of \$ _____ via payroll deduction.

EARNED TIME

- I want to donate earned time. *(Please fill out the Earned Time section on the reverse side)*

ONE-TIME DONATION WITH CHECK OR CREDIT CARD

- I want to make a one-time donation of \$ _____. Please select your payment method:
- Enclosed is a check payable to Merrimack Valley Hospice House.

- Please charge my credit card: MasterCard Visa American Express Discover

_____/_____/_____/_____

Credit Card Number

_____/_____

Expiration Date

Print name as it appears on the card

Signature



Campaign for
**MERRIMACK VALLEY
HOSPICE HOUSE**

DONATION RECOGNITION

- Please list my name as follows on the **Employee Recognition Plaque** that will be on display at Merrimack Valley Hospice House: _____
- My gift is anonymous. Please do not include my name in any campaign donor listings.

Make a donation of EARNED TIME

Choose one:

- Option 1:** I voluntarily elect to forfeit and donate _____ (*insert number of hours*) earned time hours effective immediately. I understand that the dollar value of the hours will be internally transferred/donated to the *Compassionate Journey Campaign* to benefit Merrimack Valley Hospice House. My gift is **not eligible** for a tax deduction.
- Option 2:** I voluntarily elect to forfeit and donate _____ (*insert number of hours*) earned time hours and have them converted to dollars/income effective immediately. I understand that I will receive an actual check and agree to donate it to the *Compassionate Journey Campaign* for Merrimack Valley Hospice House. My gift **is eligible** for a tax deduction.

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For Administrative Use Only

Employee Donor's Rate of Pay	\$
Total Number of Hours Donated	
Value	\$
Earned Time Hours Deducted by Payroll	Date: / / Initials:

Your gift is confidential. Please return this completed form in the enclosed envelope or to Donna Deveau, Merrimack Valley Hospice, 360 Merrimack Street, Building 9, Lawrence, MA 01843

11/12/2012