

Employee Giving 2020: It Starts with Us

Your donation supports outstanding care for Overlake patients

CONTACT INFORMATION (PLEASE TYPE OR PRINT)

NAME

DEPARTMENT

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

I would like to remain anonymous.

GIFT DESIGNATION

I would like to support:

Ensuring Excellence
Charity Care
Specialty School

Cancer Care
Heart & Vascular Care
Women's & Infants' Services

Mental Health
Neuroscience

A PAYMENT OPTION A PAYROLL DEDUCTION

Payroll deduction for 2020 (Jan. 2020 - Dec. 2020). Please select amount to be deducted from each paycheck.

One-time payroll deduction of \$ _____ withdrawn from your January 10, 2020 paycheck.

CHECK ONE	DEDUCTION PER PERIOD	X24 PAY PERIODS	TOTAL GIFT
	\$208.33	x24	\$5,000
	\$104.17	x24	\$2,500
	\$62.50	x24	\$1,500
	\$41.67	x24	\$1,000
	\$20.84	x24	\$500
	\$10.42	x24	\$250
	OTHER: \$ _____	x24	\$ _____

B PAYMENT OPTION B ONLINE GIVING

Submit payment online: www.overlakehospital.org/EGC

C PAYMENT OPTION C CASH, CHECK, CREDIT CARD

Cash or check payable to Overlake Medical Center Foundation in the amount of \$ _____ is enclosed.

Please charge my credit card a one-time gift in the amount of \$ _____

*Monthly giving. Set it and forget it. I pledge a gift of \$ _____ monthly, to be charged to my credit card (\$10 a month minimum). You can make changes to your monthly gift by contacting the Foundation.

VISA MC AMEX DISC CARD NUMBER
EXPIRATION DATE

PLEASE PRINT, SIGN ABOVE AND RETURN THIS FORM TO OVERLAKE MEDICAL CENTER FOUNDATION

Please return this form with payment to:

OVERLAKE MEDICAL CENTER FOUNDATION

EGC@OVERLAKEHOSPITAL.ORG • 1035 116th Ave NE • Bellevue, WA 98004

*This is an ongoing donation. You can change or stop your gift anytime by contacting the Foundation at 425-688-5525 or EGC@overlakehospital.org