

GENEROSITY STARTS WITH US

**YES, I'm proud to be a part of the
2018 Swedish Caregiver Campaign!**

Name



SWEDISH
MEDICAL CENTER
FOUNDATION

I'd like to choose Payroll Deduction:

\$5.00 \$10.00 \$15.00 \$ _____ each pay period.

Signature _____ Employee ID _____

Employee Department _____ Location _____

Terms of Agreement: My authorization to transfer a gift from my paycheck shall take effect within two pay periods following my response and remain in effect until I notify the Foundation in writing that I wish to end this agreement. Please allow two pay periods for the change or termination to occur. The minimum payroll deduction is \$2 per paycheck.

I prefer to make a special one-time gift:

\$25 \$50 \$ _____

My check is enclosed (*payable to Swedish Medical Center Foundation*).

Please charge my credit card (*my credit card information is below*).

MasterCard Visa American Express Discover

Card # _____

Expiration Date _____ Security Code _____

I wish to remain anonymous.

**Please direct my
contribution to:**

Area of Greatest Need - 7748

Employee Emergency Fund

Other _____

Thank you!

We are deeply grateful for your ongoing support.

Visit Swedishfoundation.org/caregivers to make your secure online gift.

Return your completed form to Swedish Medical Center Foundation

Mail to: 747 Broadway, Seattle, WA 98122-4307 or return through interoffice mail.

Swedish Medical Center Foundation is a not-for-profit, 501(c)(3) organization. Your donation is fully tax deductible by law. Questions? Call Swedish Medical Center Foundation's annual giving office at 206-386-6796 or email Foundation@swedish.org.