

YES! I am a hero for health and want to strengthen our campus, our programs and our patients with my gift to the 2019 Caregiver Campaign:



I'd like to choose Payroll Deduction:

\$5.00 \$10.00 \$25.00 \$_____ 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 your 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:

Swedish Fund for Excellence
(Greatest Need)

Helping Hands Fund
(formerly called Employee Emergency Fund)

Nurse Education Fund

Other _____

Thank you for making a difference!

**With your gift this year you'll receive a Swedish Heroes for Health badge clip!
Donate a minimum of \$5 per pay period and you'll also receive a Swedish Heroes
for Health t-shirt!**

**Visit Swedishfoundation.org/caregivers to make your secure
online gift or learn about other programs you can support.**

Return your completed form to Swedish Foundation by Dec. 31, 2019 to qualify for incentives.

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

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

Thank you for your support.