

Why give at work?

At Bob Wilson Memorial Hospital, you're more than an associate. You are part of the IMPACT we make in our community.

You live out our Mission every day. We appreciate your dedication and the difference you make for Bob Wilson Memorial Hospital.

And we'd like to invite you to make an even bigger impact!

Your gift will directly support patients and fellow associates right here at Bob Wilson Memorial Hospital, our local and global communities through the Global Health Initiatives funds.

Did you know?

- As an associate, you may be eligible to receive emergency financial assistance during financial difficulties resulting from a personal crisis or major life event. This program is *funded entirely through the efforts of THIS campaign!*
- **Associate Financial Assistance will help with:**
 - House/rent payments
 - Utilities
 - Childcare payments
 - Funeral expenses



Thank You

For making a difference in our community!

**Every gift matters.
Every gift will make a difference.**

Please return your completed form to the
St. Catherine Hospital Foundation.

For information, please contact

Paige Kraus at (620) 272-2376
PaigeKraus@centura.org

Associate Campaign



Bob Wilson
Memorial Hospital
Centura Health®

my gift

Name: _____

Email: _____

Employee ID: _____

PLEASE DIRECT MY GIFT TO:

Please select **no more than two** of the following programs to support.*

Gifts must be \$1 or more per pay period. Splits can only occur on gifts of \$10 or more per pay period, with a maximum of two splits.

- Bob Wilson Memorial Hospital Associate Financial Assistance Program (42501P751000)
- Bob Wilson Memorial Hospital Greatest Needs Fund (42501P750000)
- Global Health Initiatives (42501P280000)

***If no box is checked, your gift will be directed to the Greatest Needs Fund.**

HERE'S HOW I'D LIKE TO GIVE:

- PAYROLL DEDUCTION:** I authorize the St. Catherine Hospital Foundation to deduct the following amount from my paycheck EACH pay period beginning in January. My payroll deduction will be **ONGOING** until I notify the Foundation to modify or discontinue it.
 - Currently enrolled in continuous giving
 - One hour of pay per pay period (Hour Club for full-time associates)
 - 1/2 hour of pay per pay period (Hour Club for part-time associates)
 - \$ _____ per pay period
- ONE-TIME gift of \$ _____ via
 - Payroll Deduction
 - Cash
 - Check (Payable to St. Catherine Hospital Foundation)
- ONE-TIME PTO gift of _____ hours.** Your PTO gift will NOT affect your net pay for the pay period. Keep in mind that due to IRS regulations, approximately 40% of your gift will be deducted to cover taxes. The remainder will go to support the program(s) you selected.

To give a gift to the Associate Campaign online: <https://chicf.thankyou4caring.org/pages/sck/associate>
Please call the Foundation at (620) 272-2376 if you have any questions, or need additional information.

AUTHORIZATION:

We must have your signature to process your gift.

Please **PRINT** Your Name: _____

Signature: _____

Date: _____

HOW YOU CAN MAKE AN IMPACT

Our Associates

ASSOCIATE FINANCIAL ASSISTANCE PROGRAM

We all face unexpected financial challenges due to illness, loss of a loved one, accidents, etc. This program, funded entirely by Bob Wilson Memorial Hospital associates, helps support our co-workers in times of unforeseen financial crisis.

Our Patients

GREATEST NEEDS FUND

The Greatest Needs fund is used to purchasing items on the “wish list” of departments within the hospital. Equipment has included vein finders, vital machines, ACLS teaching equipment and much more. We will be able to report on the purchase of these items that are made possible through the generosity and support of our associates!

Our Community

GLOBAL HEALTH INITIATIVES (GHI)

Everyone, everywhere deserves access to health care. GHI programs deliver health and wellness to under-served communities around the world through partnerships with other faith-based, local hospitals. These relationships ensure sustainability of our programs.