



UM CRH-PAYROLL EMPLOYEE INFORMATION:

First Name: _____ MI: ____ Last Name: _____ Suffix: _____

Employee ID Number or Last-Four # of Social Security No.: (for payroll deduction only) _____

Home Address: _____ City: _____ State: _____ Zip: _____

Facility/Department/Area: _____ Business Phone: _____

Preferred Email: _____

Recognition Name(s) for Print and Digital Media: _____

I/we wish for our pledge and gift to remain anonymous.

PAYMENT INFORMATION:

Payroll Deduction

Amount per pay period \$ _____ (to be deducted in equal amounts bi-weekly beginning first pay period upon receipt of this form)

Total Commitment: \$ _____

I authorize **University of Maryland Capital Region Health (UM CRH)** to deduct from my salary the above amount and forward in full to UM Capital Region Health Foundation, Inc. The deduction will begin the second pay period of the calendar year or the first pay period after receipt of this form (whichever is later) and will continue until my total commitment is paid in full or until written notice to opt-out or other changes are submitted by me in a new authorization form to Keisha.Thomas@dimensionshealth.org. *Please use your last pay period stub of the calendar year for tax purposes.*

One-Time or Recurring Contribution

Check for \$ _____ is enclosed. Please make payable to the **UM Capital Region Health Foundation, Inc.**

Charge \$ _____ to my credit card: Visa MasterCard American Express Discover

Credit Card No.: _____

Expiration Date: _____ 3- or 4-Digit CVV Code: _____

Name on Credit Card: _____ Monthly Recurring: Yes

Card-Holder's Signature: _____ Date: _____

To make a donation today online, please visit umcapitalregionfoundation.org.

Optional: I wish to have my giving support (write-in below Facility, Department or Line of Service)

***THANK YOU* FOR SUPPORTING THE GIVING IS GOOD MEDICINE: WORKPLACE GIVING CAMPAIGN TO BENEFIT THE FUNDING PRIORITIES OF UNIVERSITY OF MARYLAND CAPITAL REGION HEALTH.**

All employees who make a commitment of \$1,300 or more will be recognized with an engraved brick to be placed on the campus of the UM Capital Region Medical Center or UM Laurel Medical Center. Gift commitments must be completed by December 31, 2019.



UM Capital Region Health Foundation, Inc.
c/o UM CRH, Office of Philanthropy
7300 Van Dusen, Laurel, MD 20707
240-456-2934
umcapitalregionfoundation.org

In accordance with tax regulations, UM Capital Region Health Foundation, Inc. did not provide any goods or services in consideration of this gift. Charitable funds received in support and for UM Capital Region Health are administered by UM Capital Region Health Foundation, Inc.

A copy of the Foundation's current audited financial statement is available upon request at UM Capital Region Health Foundation, Inc., c/o UM CRH, Office of Philanthropy, 7300 Van Dusen Road, Laurel, MD 20707. Documents and information submitted to the state of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary of the State, State House, Annapolis, Md. 21401 for the cost of copying and postage.

For information on your donor record, please contact Keisha Thomas, Donor Relations & Communications Manager at 301-497-7970.