







Please designate my gift as follows
(Please make sure percentages add up to 100%):

-  _____% **Renaissance School:** Provides classroom resources to our school for children with mental health needs.
-  _____% **Marguerite d'Youville Fund:** Provides assistance to staff and patients for emergency needs.
-  _____% **Other St. Mary's Fund** _____
-  _____% **Covenant Health Hearts United Fund:** Provides additional assistance to staff throughout Covenant Health.

Supervisor: _____

Employee: _____

Badge #: _____

Address: _____

City State Zip: _____

Email: _____

Phone: _____

I would like to make my gift by:

Payroll Deduction:
☐ \$50 ☐ \$25 ☐ \$10 ☐ \$5 ☐ \$ _____ per pay period for the duration of:
☐ Jan-Dec 2023 ☐ One-Time Deduction (Jan. 2023) ☐ Ongoing (Jan 2023 until you ask us to stop)

One-Time Gift:
☐ Cash/Check Enclosed (*Payable to St. Mary's Health System **OR** payable to Covenant Health for Hearts United Program- note that two separate checks are needed if supporting both.*)
☐ Credit Card (Please visit stmarysmaine.com/employee or call the Foundation office to give.)

Gift of Earned Time:
Total number of hours to be gifted: _____ hours (Deducted March 2023)

☐ I would like this gift to be anonymous. I understand that this gift will not be listed in any St. Mary's publications.

Signature _____

Date _____



Employee: «UW_Last_Name», «UW_First_Name»

Badge #: «UW_Comp»«UW_EE_»

Address: «UW_Address_Line_1»

City/St/Zip: «UW_City» «UW_St» «UW_Zip»

I pledge a total tax-deductible gift to the United Way
of \$ _____ to be paid by:

☐ Payroll Deduction –beginning the first pay period of January 2023
* Note: Deductions will be withdrawn until the pledge is paid if not completed within the pledge year.

- _____ Leadership Gift \$750 (\$31.25 per pay for semi-monthly employees, or \$28.85 per pay for biweekly employees)
- _____ \$25 Per Pay

_____ \$5 Per Pay
- _____ \$20 Per Pay

_____ \$2 Per Pay
- _____ \$10 Per Pay

_____ \$ _____ Per Pay

☐ Cash/Check Enclosed (*Payable to United Way of Androscoggin County*)
☐ Credit Card (To protect your information, please visit the United Way website and click the DONATE button.)

Please designate my gift as follows (Please make sure percentages add up to 100%)
_____ % **United Way of Androscoggin County Community Fund:** By directing your gift to the Androscoggin Community Fund, you are supporting strategic investments in services and initiatives that support long-lasting changes in community conditions across Androscoggin County. This is the most powerful way to invest your contribution.
_____ % **Oxford County Community Fund:** By directing your gift to the Oxford County Community Fund, you are supporting strategic investments and initiatives that support long-lasting changes in community conditions across Oxford County.
_____ % **Community Long-Term Recovery Fund:** By directing your gift to the Community Long-Term Recovery Fund, you are supporting strategic investments and initiatives that support COVID-19 recovery efforts in Androscoggin and Oxford County.

Special Instructions: Restrict my gift to another United Way or the 501(c)(3) nonprofit organization listed below. The restricted contribution must be listed below and be at least \$100 or more:

☐ My spouse/partner has an employer match program, please contact me at _____

☐ I/We would like to remain anonymous

Signature _____

Date _____

Please return entire form to Foundation Office

Ways to Give

You may give any combination of earned time, payroll deduction, and cash.
Every gift, of any size or type, makes a difference!

PAYROLL DEDUCTION

Payroll deduction is a great way to make a big difference! Payroll deduction will start the first payroll period of **January 2023**.

EARNED TIME

Earned time is an easy way to give! Donated hours will be deducted in **March 2023**. The net amount (after taxes and deductions) is your tax-deductible gift amount. The value of your donated Earned Time hours will be included in your annual income as reported on your W-2 form for tax purposes. Any number of hours can be donated up to 80 hours.

Common gift levels include:

- 4 hours
- 8 hours
- 12 hours
- 16 hours
- 24 hours

ONE TIME GIFT

A gift of any amount makes a difference! Just submit cash, check or credit card information to the Foundation at the address below or give online at stmarysmaine.com/employee.

OTHER

- Name St. Mary's as a beneficiary of your life insurance
- Include St. Mary's in your will

For more information, please contact Deb Anthoine at 207.777.8828 or danthoine@stmarysmaine.com

FAQ: What did I give last year?

If you are currently making a deduction by payroll, the easiest way to find your deduction amount is to check your latest pay check by visiting API ESS (Employee Self-Service.) You can find your gift listed under 'Post-Tax Deductions.' If you made a gift of cash or earned time to last year's campaign and want to know the amount, please call the Foundation Office at 207.777.8863.

Questions? Please contact Deb Anthoine at 207.777.8828 or danthoine@stmarysmaine.com.

Return forms to the Foundation through interoffice mail or by mailing to the St. Mary's Health System Foundation at PO Box 7291, Lewiston, ME 04243.