



Logansport Memorial Hospital Foundation Employee Campaign Donation Form

We appreciate any gift that you are willing to provide for LMHF.
Your tax-deductible contribution, no matter the amount, indicates that you believe strongly in the mission at Logansport Memorial Hospital, for our patients and for our community.

Donor Information

Name _____

Department _____ Employee Number _____

Address _____

City, State, Zip _____

Phone _____ Email _____

- I would like to receive email communication and updates from the Logansport Memorial Hospital Foundation.
- Anonymous Donation -- I wish to NOT have my name listed in any donor recognition materials.

Payroll Deduct

Please indicate your donation amount:

Other: _____

Honor Circle

- \$50 per payroll (\$1300/year)
- \$38.50 per payroll (\$1001/year)
- \$25 per payroll (\$650/year)

Friends Circle

- \$20 per payroll (\$520/year)
- \$15 per payroll (\$390/year)
- \$10 per payroll (\$260/year)
- \$5 per payroll (\$130/year)
- \$4 per payroll (\$104/year)
- \$2 per payroll (\$52/year)
- \$1 per payroll (\$26/year)

One Time Gift

My gift is enclosed in the amount of: \$ _____

- Cash
- Check made payable to the Logansport Memorial Hospital Foundation
- Credit Card:
 - Visa
 - Master Card
 - Discover

Name on Card _____

Card Number _____

3-Digit Security Code _____ Expires _____

Gift Designation

Unrestricted Fund

By designating to this fund, your contribution will be responsibly allocated to fulfill the most current hospital or community needs and initiatives.

You may further designate your gift to any of the following funds if you would like to contribute to a specific area.

- Capital Projects Fund
- Cardiac Rehab Fund
- Chapel Fund
- Charitable Services Fund
- Community Education Fund
- Diabetes Education Fund
- Employee Crisis Fund
- Equipment and Technology Fund
- Trails Maintenance Fund

Signature

Your signature is required to authorize your LMHF contribution via payroll deduction.

Signature _____ Date _____

Your bi-weekly gift will continue to renew annually until you submit a written request to the Foundation for termination of your employee gift.