Caring for the Community

HCA HOPE FUND
from the heart

Employee Donation Form

Note: The most secure and accurate way to make a donation is online at **www.easymatch.com/hcahope**.
(Middle-Tennessee facilities, please use **www.easymatch.com/hcacares**.)

Your HCA Facility Name _____ HCA 3–4 User ID *(Required)* ☐☐☐☐☐☐☐☐

Last 4 digits of Social Security Number *(Optional)* ☐☐☐☐

My Information

Title ☐☐☐ First Name ☐☐☐☐☐☐☐☐☐☐ M.I. ☐ Last Name ☐☐☐☐☐☐☐☐☐☐☐ Suffix ☐☐☐

Home Phone ☐☐☐☐☐☐☐☐☐☐ Work Phone ☐☐☐☐☐☐☐☐☐☐

Home Street Address/Apt # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State ☐☐ ZIP Code ☐☐☐☐☐

Title/Position _____ E-mail _____

My Pledge/Gift

Hope Fund

☐ **Payroll deduction** *(Continues until you stop/change pledge)*

- ☐ **Leadership Circle** (Leadership Circle is composed of donors who contribute $500+ annually. Gifts of $500 are matched dollar for dollar.)
  - ☐ $19.25 each pay period if you're paid biweekly
  - ☐ $41.67 if you're paid monthly
- ☐ **HCA Dollar-for-Dollar Match** (HCA will match gifts of up to $100 dollar for dollar.)
  - ☐ $3.85 each week if you're paid biweekly — this maximizes the dollar-for-dollar match.
  - ☐ $8.34 if you're paid monthly — this maximizes the dollar-for-dollar match.
- ☐ $5 each pay period ☐ $10 each pay period ☐ $20 each pay period ☐ Other $ _____

☐ **Check** *(Make payable to HCA Employee Giving Program)* Amount of donation $ _____

My Tribute *(Optional; only available for check gifts)*

This gift is: ☐ in memory of _____ ☐ in honor of _____

Please send an acknowledgment to: Name and Address _____

Sign and Return

Signature *(Required)* _____ Date _____

My Acknowledgment/Tax Receipt

(If no box is checked, the first option will automatically be checked for you.)

☐ Release my name, home address and e-mail.

☐ Release my name, home address and e-mail, but I wish to remain anonymous in materials and publications. I do want to receive a tax receipt.

For payroll deduction:

Fax this form to HCA Community Relations at **877-687-3968**.

For check donations:

Mail this form and your check to **HCA Employee Giving Program, P.O. Box 8809, Princeton, NJ 08543-8809**.

Thank you!