

Let's Have Some Fun!

Anyone who gives a minimum of \$1.00 per pay period, or \$25 by cash, check, or Venmo, will be entered into a drawing for one of several prizes including a month-long pass to park in the hospital parking garage.

Plus, the first 100 people to return their forms will receive a Starbucks Latte.

Thanks A Latte!

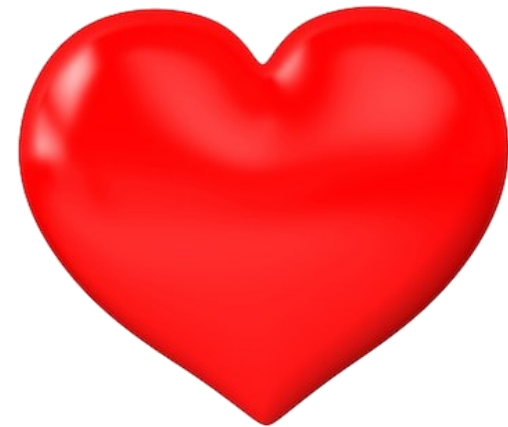


2021-2022

ST. ANTHONY

EMPLOYEE GIVING CAMPAIGN

SAVING LIVES



Why Give?

You do so much to care for our patients and your participation in our **Saving Lives Employee Giving Campaign** is one more way to show just how much you care. Your co-workers, our patients, and our community members are looking to you right now for leadership.

Areas of Focus

- **LUCAS Mechanical Chest Compression Devices**
- **St. Anthony Hospice**
- **SOS Fund**

Forms may be returned to the Human Resources Office or the Foundation Office, both located on the 4th Floor of the Surgery Center.

For questions on completing the form, please call (712) 794-5287 or email foundation@stanthonyhospital.org.

The impact of your giving:

Per pay period	12 month donation
\$3	\$78
\$5	\$130
\$10	\$260
\$15	\$390
\$20	\$520
\$25	\$650
\$38.46	\$1,000

Recent campaigns supported by our employees:

- Education & Training Center
 - Emergency Department Remodeling
- Sheryl M. Venner Stoolman Scholarship
 - Pastoral Care Endowment
 - Reflection Rooms
- Fill the Tank/Friendship Fund
 - Read & Be Healthy
 - Garden View Grotto
 - Cancer Center

Employee Information

Name _____

Department _____

Address _____

City, State, Zip _____

Donations accepted through Venmo @StAnthony-Foundation. Please note which area you are supporting.

Use this code to access our giving options online.



LUCAS Mechanical Chest Compression Devices

- Check \$_____ **Payable to St. Anthony Foundation**
- Payroll Deduction \$_____ per pay period
- Vacation Hours _____Hours (minimum of 4 hours)
- Continue my support at the present level.

St. Anthony SOS Fund (Support Our Staff)

- Check \$_____ **Payable to St. Anthony Foundation**
- Payroll Deduction \$_____ per pay period
- Vacation Hours _____Hours (minimum of 4 hours)
- Continue my support at the present level.

St. Anthony Regional Hospice

- Check \$_____ **Payable to St. Anthony Foundation**
- Payroll Deduction \$_____ per pay period
- Vacation Hours _____Hours (minimum of 4 hours)
- Continue my support at the present level.

If you are interested in donating vacation hours and would like more information, please contact the Foundation office.

If your gift is \$25 or more, please fill this out. My preferred latte flavor is: Vanilla Caramel Mocha

Signature: _____

Please return this portion.