

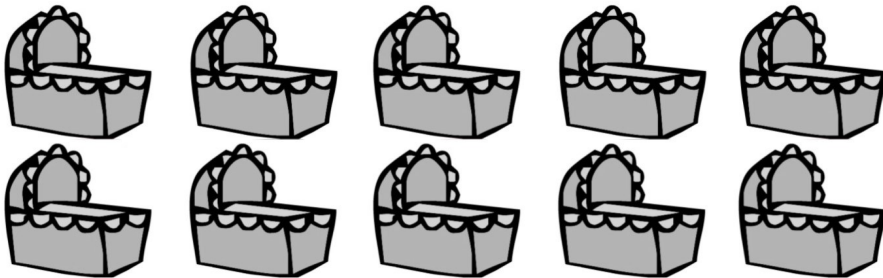
Let's Have Some Fun!

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 full size bag of M&M's.



many & many thanks!



**Each bassinet will cost \$3,600.
When you make a gift, these
 bassinets will turn color as we
 reach our goal of \$36,000!**

2022-2023

ST. ANTHONY

EMPLOYEE GIVING CAMPAIGN

Giving Parents Peace of Mind

Delivering the Best Birth Days



Why Give?

This year our greatest need are new Halo Bassinet Swivel Sleepers for The Birth Place. By investing in The Birth Place, we support mothers and families from all across our region. The remodeling of OB unit will give a fresh new feel, more space and improved patient privacy in a comfortable area that feels as close to home as you can be in a hospital setting. Please join your co-workers in the **Giving Parents Peace of Mind: Delivering the Best Birth Days Employee Giving Campaign** and show just how much you care.

Areas of Focus

- 10 HALO Bassinet Swivel Sleepers
- 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
- LUCAS Chest Compression Devices

Employee Information

Name _____

Address _____

City, State, Zip _____

Department _____

Donations accepted through Venmo @StAnthony-Foundation. Last 4 digits to verify the number are 8660. Please note which area you are supporting and your M&M flavor choice.

- ☐ *Someone in my family works for a Matching Gift company*

HALO Bassinet Swivel Sleepers

- ☐ 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 M&M flavor is: ☐ Plain ☐ Peanut ☐ Peanut Butter

Signature: _____

Use this code to access our giving options online.



Please return this portion.