

EVERY CHILD, EVERY DAY

Thank you for supporting the Employee Giving Campaign

Name _____ Check here to remain anonymous. ☐

Please print your name as you wish to be recognized. (see reverse for recognition guidelines)

Affiliate (RIH, HCH, LCS, Other) _____ Department _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Personal Email _____

Signature _____ Date _____

Pledge to be paid as indicated below:

I wish to pledge \$ _____ to the *Every Child, Every Day* Campaign, designated for
Hasbro Children's Hospital Renovations

☐ **Credit Card:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

☐ Charge Full Amount

☐ Monthly payments over _____ (1-5 years)

Cardholder name: _____

Card number _____ Expiration date _____ Security code _____

Signature _____

☐ **Lifespan Employee Payroll Deduction:** Paid over _____ (1-5 years, or one-time gift)

Deductions begin with your 1st 2021 paycheck

☐ Bi-Weekly Deductions (every other week) ☐ Weekly Deductions

Corporate code: ☐ 001 Lifespan Corporate Service ☐ 101 Rhode Island Hospital/Hasbro Children's Hospital

☐ 110 The Miriam Hospital ☐ 130 Newport Hospital ☐ 120 Bradley Hospital ☐ Other _____

Employee ID _____ (11 characters, can be found on paycheck)

☐ **Pay By Check:** made payable to Hasbro Children's Hospital.

☐ Full amount enclosed

☐ Pay your gift over 1-5 years with annual payments by check. We will send you annual pledge reminders.

Annual Payment of \$ _____ over _____ years, beginning on _____ / _____ (month/year).

☐ First payment enclosed

Please return this form to: Rhode Island Hospital Foundation, Office of Development

Mailing Address: P.O. Box H, Providence, RI 02901 *Interoffice Address:* 139 Point Street, Providence, RI 02903

Recognition: (all naming options have a 30 character maximum)

All Campaign gifts of any amount from employees of Lifespan and its partner organizations will be recognized on an Employee Giving Wall. Employee names only.

All Campaign gifts of \$5,000+ will also be recognized on a Wall of Gratitude in the Lobby. Recognition at this level and above may include family names.

Gifts of \$25,000+ for renovations will also be recognized on the appropriate floor's consolidated donor wall.

Employee Payroll Deductions: If you make a pledge using payroll deductions and leave Lifespan before the end of your payment period, please contact the Development Office to provide another payment method to fulfill the remainder of your pledge.

Bi-Weekly Payroll Deduction:

\$5,000: over 5 years = **\$38.46** per paycheck
over 2 years = **\$96.15** per paycheck
over 1 year = **\$192.31** per paycheck

\$2,500: over 5 years = **\$19.23** per paycheck
over 2 years = **\$48.08** per paycheck
over 1 year = **\$96.15** per paycheck

\$1,000: over 5 years = **\$7.69** per paycheck
over 2 years = **\$19.23** per paycheck
over 1 year = **\$38.46** per paycheck

\$500 over 1 year = **\$19.23** per paycheck
\$250 over 1 year = **\$9.62** per paycheck
\$100 over 1 year = **\$3.85** per paycheck

Weekly Payroll Deduction:

\$5,000: over 5 years = **\$19.23** per paycheck
over 2 years = **\$48.08** per paycheck
over 1 year = **\$96.15** per paycheck

\$2,500: over 5 years = **\$9.62** per paycheck
over 2 years = **\$24.04** per paycheck
over 1 year = **\$48.08** per paycheck

\$1,000: over 5 years = **\$3.85** per paycheck
over 2 years = **\$9.62** per paycheck
over 1 year = **\$19.23** per paycheck

\$500 over 1 year = **\$9.62** per paycheck
\$250 over 1 year = **\$4.81** per paycheck
\$100 over 1 year = **\$1.92** per paycheck

Monthly Credit Card Payments:

\$5,000: over 5 years = **\$83.33** per month
over 3 years = **\$138.89** per month
\$2,500: over 5 years = **\$41.67** per month
over 3 years = **\$69.44** per month
\$1,000: over 5 years = **\$16.67** per month
over 3 years = **\$27.78** per month
over 1 year = **\$83.33** per month

\$750 over 1 year = **\$62.50** per month
\$500 over 1 year = **\$41.67** per month
\$250 over 1 year = **\$20.83** per month
\$100 over 1 year = **\$8.33** per month

Payroll Deductions/Monthly Credit Card Payments: Minimum payment period of 1 year and maximum of 5 years. Monthly credit card payments have a minimum annual gift amount of \$100.

My gift is in honor of _____ Please provide notification of gift to: _____

at address: _____

Please contact Chris Josephson at 401-444-6412 or chris.josephson@lifespan.org with any questions.
Give online at www.hcheverychild.org/employees