



Full Name: _____

Sibley Department Name: _____

Home Address/City/State/Zip: _____

Phone: _____ Email: _____

PLEASE DESIGNATE MY GIFT TO:

Greatest Need Program or Department at Sibley: _____

TRIBUTE INFORMATION: (optional)

My gift is in honor of: in memory of: _____

Department/Address: _____

CONTRIBUTION METHOD: (All donations are tax-deductible)

Please accept my contribution through a **continuous payroll deduction** of \$_____ per pay period. *Minimum contribution of \$5 per pay period.*

**PLEASE NOTE:* This payroll deduction will continue until you inform the Foundation in writing that you wish the deduction to change, stop or until you leave Sibley Memorial Hospital.

I wish to donate a **one-time payroll deduction** of \$_____. *Minimum contribution of \$10.*

Enclosed is my **check** of \$_____ payable to Sibley Memorial Hospital Foundation.

Please **charge** my contribution of \$_____ to: American Express MasterCard VISA Discover

Card Number: _____ Security Code: _____

Name on Card: _____ Expiration Date: _____

My gift is **anonymous**.

SIGNATURE: _____ **Date:** _____

PLEASE RETURN THIS FORM TO: Sibley Memorial Hospital Foundation or fax to (202) 364-8405

FOR MORE INFORMATION: Please call Roopa Purohit at (202) 537-4960 or email at roopa@jhmi.edu

www.sibley.org/employee

SIBLEY MEMORIAL HOSPITAL FOUNDATION



Each One, Give One.

What's Your One?
2016 EMPLOYEE GIVING CAMPAIGN

Our employees give so much of their time and talents to Sibley every day to make a difference in the lives of our patients. No matter what your role here is, your personal dedication sends a powerful message to the community. Our dedicated and talented employees help make Sibley stronger and allow us to provide exceptional health care to our community. Choosing to donate to the Employee Giving Campaign says that you believe so strongly in what happens at Sibley that you are willing to support it above and beyond your everyday work by making a gift.

You can support any department or program in the hospital. A few areas that many donors choose to support include:

- ★ Nursing Education
- ★ Special Care Nursery
- ★ Volunteer Services
- ★ Geriatrics/NICHE
- ★ Sullivan Breast Center
- ★ Frontline Leadership Academy
- ★ Cancer patients in financial need
- ★ Staff Training & Education
- ★ Stroke Center
- ★ Sibley Senior Association
- ★ Pastoral Care
- ★ Each nursing unit/floor

Here are a few examples of how your gift will make a difference:

- ★ *Gas cards:* For \$25 you can provide transportation for a cancer patient in need.
- ★ *Parking passes:* For \$25 you can provide a two day parking pass for patients in need. For \$100 you can help to provide a month's worth of parking passes.
- ★ *Meal cards:* For \$25 you will provide a meal/snacks to caretakers of cancer patients receiving treatment.
- ★ *Volunteer Uniforms:* Support the volunteers by giving \$50 to purchase a uniform.
- ★ *Nutritional counseling session:* For \$100 you can provide a one hour a nutritional counseling session for oncology patients.
- ★ *Club Memory:* Club Memory is for those living with early memory and cognitive impairment and their caregivers. Gifts of \$150 can provide a musical guest; \$250 can provide transportation to an activity; \$500 adds an entire day of programming.
- ★ *Pastoral Care Uniforms:* Support the Pastoral Care team by giving \$100 to purchase a uniform.

HONOR A COLLEAGUE: Honor a colleague by making a gift in honor of their hard work and dedication to Sibley. The honoree will be presented with a special **gold honor card** from the Vice President of Sibley's Foundation informing them that you made a gift in their honor (donation amounts are not disclosed). Note the name of the honoree and their department on the reverse side of this form.

Thank You!

Donors of \$25 or more receive a Sibley cinch bag!

For more information or to donate online:

www.sibley.org/employee

SIBLEY MEMORIAL HOSPITAL FOUNDATION