



## 2026 GIFT AND PLEDGE FORM

The Humanitarian Fund Campaign is Methodist Le Bonheur Healthcare's annual Associate giving program that benefits the Humanitarian Fund. The Humanitarian Fund provides emergency short-term financial assistance to MLH Associates in times of need.

As the Humanitarian Fund is a resource for **MLH Associates only**, Associates are encouraged to help support the Fund with a tax deductible, charitable gift. The fund is solely and greatly benefited by the compassion and generosity of Associates who give during the campaign each year. Those Associates giving a minimum of \$6 per pay period or a minimum total of \$156 to the 2026 HFC will receive an official HFC t-shirt.

**The Humanitarian Fund Campaign is truly a campaign "For Associates by Associates!"**

### ***Your Giving Options: SELECT ONE OPTION ONLY***

- 1) I enclose a gift by cash or check of \$ \_\_\_\_\_  
*Make checks payable to Methodist Healthcare Foundation.*
- 2) I authorize Methodist Le Bonheur Healthcare to deduct \$ \_\_\_\_\_ **each pay period** (x26) from my paycheck.
- 3) I authorize Methodist Le Bonheur Healthcare to deduct a **one-time** gift of \$ \_\_\_\_\_ from my paycheck.
- 4) Charge this gift in the amount of \$ \_\_\_\_\_ to my Mastercard/VISA/Discover/AMEX.  
Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ CCV \_\_\_\_\_  
Name as it appears on card \_\_\_\_\_
- 5) PTO Contribution option. **Please complete form on the reverse side.**

Circle T-shirt size: **Small Medium Large X-Large XX-Large XXX-Large**  
**(Associates who contribute \$6 or more per pay period receive an official HFC t-shirt at the conclusion of the campaign.)**

**Please return completed form to your your facility's community manager or a campaign volunteer.**

Signature \_\_\_\_\_  
*Please sign regardless of the option you have selected above.*

Name: \_\_\_\_\_ ID/Employee #: \_\_\_\_\_

Department: \_\_\_\_\_ Facility: \_\_\_\_\_

Company: \_\_\_\_\_

# PTO SELLBACK HUMANITARIAN FUND CAMPAIGN

Full-time Associates (S/A and non S/A) may contribute their PTO for the Humanitarian Fund Campaign. Contributions require payroll authorization. All contributions are taxable as wages. Withholding, Social Security, and any other payroll taxes will be deducted before the check is sent to the Foundation. PTO contributions for the Humanitarian Fund can only be accepted as one-time deductions and cannot be made payday-to-payday. An Associate's PTO cannot be sold below 40 hours.

If you have questions concerning a PTO contribution, please contact your payroll department or Methodist Healthcare Foundation at (901) 478-0975.

**Thank you for your support of the 2026 Methodist Healthcare Foundation Humanitarian Fund Campaign!**

## PTO CONTRIBUTIONS

DATE: \_\_\_\_\_ STATUS/FULL TIME: \_\_\_\_\_

NAME: \_\_\_\_\_ ID/EMPLOYEE#: \_\_\_\_\_

HOSPITAL/COMPANY: \_\_\_\_\_ DEPT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

HOURLY RATE: \_\_\_\_\_

CONTRIBUTION AMOUNT OF PTO (hours): \_\_\_\_\_

TOTAL CURRENT PTO HOURS EARNED: \_\_\_\_\_

BALANCE: \_\_\_\_\_

**NOTE: You may not take your PTO balance below 40 hours.**

**All lines must be complete in order for your gift to be processed.**

I hereby authorize Payroll to deduct the number of PTO hours requested above from my PTO account and transfer those funds to the Foundation for my Humanitarian Fund contribution. The gross amount of the transfer, less my payroll taxes, FICA and withholding, will be given to the Humanitarian Fund Campaign. I understand the donation is treated as wages and will appear on my payroll stub.

\_\_\_\_\_  
Signature of Associate

\_\_\_\_\_  
Date