

Yes, I would like to support the Hampton Roads Employee Campaign!



Name _____

Employee Number _____ Department/Facility _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Signature _____

Please apply my gift to:

- Bon Secours DePaul Medical Center
- Bon Secours Maryview Medical Center
- Bon Secours Mary Immaculate Hospital
- All three facilities
- Employee Assistance
- Cancer Institute (DMC)
- Cancer Institute (HBV)

- Area of Greatest Need
- Care-A-Van
- Nursing Excellence
- Center for Birth
- Maryview Foundation Healthcare Center (MMC only)
- Equipment Fund (MIH only)
- Other _____





Please select your method of giving to the Bon Secours Employee Campaign.

- Ongoing (no end date): Payroll deduction \$_____ (minimum of \$5 per pay period)
- 26 pay period: Payroll deduction \$_____ (minimum of \$5 per pay period)
- One time: Payroll deduction \$_____ total (minimum of \$10)
- PTO donation: _____ hours (minimum 3 hours)
- Cash \$_____
- My check is enclosed: Amount \$_____ (payable to Bon Secours Hampton Roads Foundations)

Credit card donations: call Toni Ewell at 757-889-5900

Give online! www.bsvaf.org/hamptonroads/employeegiving

Name as you would like it to appear in publications _____

I would like to remain anonymous.

Please return to Bon Secours Hampton Roads Foundations, P.O. Box 55012, Norfolk, VA 23505 or send by interoffice to Depaul.

REMEMBER! With your gift of \$1,000 or more (\$38.50 per pay period), you will be included as a distinguished member of our Fleur-de-Lis Society.