

2012 Employee Sharing Program Form

1. PLEASE SELECT YOUR GIFT DESIGNATION*

Please use my gift for:

(Check one box)

- Patient Assistance Fund for all patients systemwide for health care related expenses, such as medications, medical equipment, transportation, etc.
- Robert Fry Employee Assistance Program
- Michael Wilde Nursing Scholarship
- George Bennett Nursing Scholarship
- The health system's most pressing needs and objectives

* The Employee Sharing committee appreciates your support of one of the preselected gift designation areas. For consideration of a new fund or scholarship, please contact The Bellin Health Foundation. Forms returned without a gift designation will support the Health System's most pressing Needs.

Fund and Scholarship details are available at <http://www.bellin.org/foundation>.

2. SELECT METHOD OF GIVING

A. Payroll Deduction

The selected amount will be deducted from your biweekly payroll for 26 pay periods beginning the first pay period in June.

\$3 \$5 \$10 \$25 Other \$ _____

B. Credit Card

Master Card Visa

Card Number: _____ Expiration Date: _____

C. Paid Time Off (PTO) Donation

The monetary value of the donated hours will be transferred to the Employee Sharing Program. Bellin's PTO Policy applies. A maximum of 40 hours can be donated in a year.

PTO donation of _____ hours

D. Check

Payable to The Bellin Health Foundation.

Total gift of \$ _____

3. COMPLETE YOUR INFORMATION

Name: _____ «Employee Name»

Location: _____ Ext.: _____

Signature (*required*): _____

E-mail: _____

4. SUBMIT FORM

Return your completed form in the enclosed envelope to The Bellin Health Foundation office by March 1, 2012. Thank you for your gift consideration.



You are invited to support the pursuit of optimal health through the 2012 Employee Sharing Program.

As part of the Bellin Health team, you make a valuable contribution by working in a place of service, compassion and caring. The Employee Sharing Program provides employees with another opportunity to make a positive impact for employees, patients and families.

Your gift speaks volumes to our patients and the community. It says you believe in the mission and values of your workplace and you are willing to take action to demonstrate it.

Through the 2012 Employee Sharing Program, you may contribute to existing scholarships, a fund designated for the greatest needs throughout the health system, The Robert Fry Employee Assistance Fund or the Bellin Patient Assistance Fund.

All donors who make a gift will be recognized as a 2012 Employee Sharing Program participant in the Employee Sharing Book in the hospital's Laird Welcome Center and in the online version of the book. Additionally, you will receive a commemorative pin. Please accept this token of gratitude on behalf of the individuals and families we serve.

Please return the election form on the reverse side by March 1, 2012 using the provided envelope.

You may direct Employee Sharing Program questions to The Bellin Health Foundation, (920) 433-3731 or nwbush@bellin.org.

A handwritten signature in cursive script that reads "George Kerwin".

George Kerwin
President and CEO
Bellin Health

A handwritten signature in cursive script that reads "Steven J. Maricque".

Steven J. Maricque
President
The Bellin Health Foundation

A handwritten signature in cursive script that reads "Nan Bush".

Nan Bush
Director
The Bellin Health Foundation