

# 2023 Heroes of Hope Giving Campaign Form

July 1, 2023 - July 31, 2023



Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

*\*For donation receipts.*

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

All donations for the 2023 Heroes of Hope Giving campaign will go towards the Indigent Care program.

**Anonymous Donation.** I wish to not have my name listed on any donor recognition materials.

**I would like to make a pledge:**

**Payroll Deduction:** \$ \_\_\_\_\_ per pay period

*\*\$40 per pay period = \$1,040/year*

*\*\$20 per pay period = \$520/year*

*\*\$10 per pay period = \$260/year*

*\$5 per pay period = \$130/year*

**PTO Donation:** One time gift of \_\_\_\_\_ hours.

*\*Minimum of 10 hours*

**Make a donation in honor/memory of:**

*\*Comes with a t-shirt and the option to wear jeans/colorful scrubs on Fridays!*

I authorize the payroll deduction/PTO donation above beginning August 2023. I understand that I may change or revoke this authorization at any time by providing written notice to Physician Services Department.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## Contribution by Cash, Check, and/or Credit Card

Amount: \$ \_\_\_\_\_ One-Time Monthly: beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_ ending on \_\_\_\_/\_\_\_\_/\_\_\_\_

Check  Cash  Credit Card:  Visa  MasterCard  Discover  Amex

*\*Please make checks payable to OakBend Medical Center.*

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

**Physician Services Department**  
1705 Jackson Street  
Richmond, TX 77469  
[physicianservices@obmc.org](mailto:physicianservices@obmc.org)  
(281) 633-4954

[oakbendmedcenter.org/employee-giving](http://oakbendmedcenter.org/employee-giving)

Please return this completed form along with payment to OakBend Medical Center Physician Services Department.

OakBend Medical Center is a 501(c)(3) organization operating under the Federal Tax Identification Number 76-0339462. Contributions are tax deductible as prescribed by law.



## 2023 Heroes of Hope Giving Campaign Donation Tiers

*\$10,000 and above donations	<ul style="list-style-type: none"> <li>• Be a part of a great cause</li> <li>• Acknowledgement on all social media platforms and website</li> <li>• 2023 Super Hero polo shirt and the option to wear jeans/departmental scrubs on Fridays!</li> <li>• 2023 Super Hero t-shirt and the option to wear jeans/departmental scrubs on Fridays!</li> <li>• A commemorative plaque presented to you</li> </ul>
*\$5,000-\$9,999 donations	<ul style="list-style-type: none"> <li>• Be a part of a great cause</li> <li>• Acknowledgement on all social media platforms and website</li> <li>• 2023 Super Hero polo shirt and the option to wear jeans/departmental scrubs on Fridays!</li> <li>• 2023 Super Hero t-shirt and the option to wear jeans/departmental scrubs on Fridays!</li> </ul>
*\$1,200-\$4,999 donations	<ul style="list-style-type: none"> <li>• Be a part of a great cause</li> <li>• 2023 Super hero t-shirt and the option to wear jeans/departmental scrubs on Fridays!</li> </ul>
\$10 and above per pay period	<ul style="list-style-type: none"> <li>• Be a part of a great cause</li> <li>• 2023 Super Hero t-shirt and the option to wear jeans/departmental scrubs on Fridays!</li> </ul>
\$5 per pay period = \$130/year	<ul style="list-style-type: none"> <li>• Be a part of a great cause</li> </ul>

*\* In order to get an accurate amount for payroll deduction, please note there are 26 pay periods in a year. Please use the below equation to find your payroll deduction amount per pay period.*

***Example: 5,000 ÷ 26= 192.30 per pay period***

[oakbendmedcenter.org/employee-giving](http://oakbendmedcenter.org/employee-giving)