

# Seeds of Generosity Campaign Gift Form

July 1, 2025 - July 31, 2025



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

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

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

*\*For donation receipts.*

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

## Grow where you are planted.

☐ **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

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

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

*\*Minimum of 10 hours*

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

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

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

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

I authorize the payroll deduction/PTO donation above beginning August 1, 2025. I understand that I may change or revoke this authorization at any time by providing written notice to the Development 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 \_\_\_\_\_

### Development Department

1705 Jackson Street  
Richmond, TX 77469  
development@obmc.org  
(281) 341-4812

Please return this completed form along with payment to  
OakBend Medical Center Development 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.

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