



PLEDGE FORM

RETURN COMPLETED FORM TO YOUR HR MANAGER FOR PROCESSING

Employee Information Please provide a mailing address so that we can send you a tax acknowledgement letter for your records.

FIRST NAME LAST NAME CAMPUS

HOME ADDRESS CITY STATE ZIP

PREFERRED E-MAIL PHONE #

☐ **YES!** I would like to support Sun Health's mission and assist my fellow employees during times of need.

STEP 1: Choose funds you wish to support and indicate amount per pay period:

See reverse side for fund descriptions.

\$ _____ **Operation Thanksgiving (24OP) ONE-TIME PAYROLL DEDUCTION ONLY** (minimum \$10)

One-time donation will be scheduled for the November 29, 2024 paycheck

\$ _____ **Team Member Emergency Fund (03AF)**

\$ _____ **Sun Health Foundation Greatest Need (03GE)**

\$ _____ **Other** (please specify) _____

\$ _____ **Total contribution for funds above**

STEP 2: Select donation method for allocated funds above

☐ **EASY PAYROLL DEDUCTION**

\$ _____ multiplied by 24 pay periods = \$ _____ per pay period (starts second paycheck in January 2025)

☐ **ONE-TIME PAYROLL DEDUCTION** of \$ _____ (minimum \$10)

To automatically renew your payroll deduction Better Together pledge every year, please initial here _____

If you wish to cancel or update your auto-renewal, please contact your HR representative.

OTHER WAYS TO DONATE

☐ **CASH/CHECK** made payable to **Sun Health Foundation**.

Attach to this form using a sealed envelope and return to your HR representative

☐ **CREDIT CARD** please visit employees.sunhealth.org/giving-back/bettertogether

Please complete the back of the form.



Sun Health Greatest Need

Sun Health Foundation is committed to bringing superior health and wellbeing to the West Valley of the Phoenix metropolitan area. While our roster of philanthropic efforts is extensive, we primarily focus on supporting:

- Banner Boswell Medical Center
- Banner Del E. Webb Medical Center
- Banner Sun Health Research Institute
- Sun Health Wellness, including wellness classes and services open to the community



Team Member Emergency Fund

This association was created to provide monetary assistance to the members of the Sun Health Employee Association for circumstances such as the occurrence of any unexpected event or combination of circumstances that jeopardizes the individual's health and welfare.



Operation Thanksgiving

A Thanksgiving Dinner Box donation program for team members who are experiencing hardship during the holiday season. We invite you to be part of something truly meaningful by contributing to our annual Thanksgiving Dinner Donation Program. Your generosity will help provide a full Thanksgiving meal to team members who are facing challenges this holiday season. With your support, we can make sure no one goes without the comfort and warmth of a holiday meal.

Print Name

Employee Signature

Date

☐ *For purposes of donor recognition, I prefer my gift to remain anonymous.*

For questions about Better Together, please contact
Joyce Wilt at (623) 471-8508 or Joyce.Wilt@SunHealth.org

**Thank you for supporting the Better Together
Employee Giving Campaign!**