



**Southeastern  
Foundation**

Here for you. Here for good. 

## Teammate Giving Campaign

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The Teammate Giving Campaign through UNC Health Southeastern Foundation gives UNC Health Southeastern teammates an opportunity to make a charitable contribution in support of the programs and services that help our patients and team members during their time of need. Your gift is a great way to show you are proud of the Carolina Care we provide and you are part of One Great Team! Our teammates give so much of their time and talents to the hospital every day to make a difference in the lives of our patients. In everything you do for UNC Health Southeastern, your personal dedication sends a powerful message to the community. Choosing to donate says you believe in what we do and you are willing to support it above and beyond your everyday work. It's not about the amount you give but that all of us give. We are truly grateful for your contribution.

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### Give online

Scan the QR Code to setup an automatic recurring gift using your credit or debit card.



**For an electronic payroll deduction form visit the Foundation's teammate website:**

**[unhealthsoutheastern.org/  
foundation/teammate-giving](https://unhealthsoutheastern.org/foundation/teammate-giving)**

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### **THANK YOU FOR YOUR SUPPORT!**

Your donation is tax deductible. You may change or stop payroll deductions at any time with a written request to the Foundation or submission of a new form. For more information, please contact UNC Health Southeastern Foundation at 910.671.5583 or [sefoundation@unhealth.unc.edu](mailto:sefoundation@unhealth.unc.edu)

**YES, I WANT TO MAKE A DIFFERENCE IN  
THE LIVES OF PATIENTS AND TEAMMATES  
AT UNC HEALTH SOUTHEASTERN!**

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**MY FAIR SHARE - RECURRING GIFT**

My Fair Share = One Hour's Pay Per Month

**SPECIFIC AMOUNT - RECURRING GIFT**

- \$2 each pay period       \$10 each pay period  
 \$5 each pay period       \$20 each pay period  
 Other \$ \_\_\_\_\_ each pay period

**ONE TIME DONATION**

- Payroll Deduction \$ \_\_\_\_\_  
 Check/Cash in the amount of \$ \_\_\_\_\_
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**Where would you like YOUR gift to go?**

*\*Please note a maximum of 2 funds are allowed. Over \$1,000 donation 3 funds may be selected.*

- Behavioral Health  
 COPD  
 Critical Need Annual Fund (Unrestricted)  
 Emergency Services  
 Employee CARE FUND (*Catastrophic Assistance & Relief for Employees*)  
 Equip. Enrich. Empower. Education Fund for Employees  
 Gibson Cancer Center  
 UNC Health Southeastern Heart and Vascular  
 Women's Health Services

**Recurring Gift:** Payroll deductions for your gift will begin the next pay period after your pledge form is processed. To make it easier for you to give, your payroll deduction gift will remain in effect until you notify the Foundation of a change. You will have the chance during each campaign to redirect your gift or make updates.

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**HONORARIUM**       **MEMORIAL**

*\*Please note honorariums/memorials are for one year. If you would like it to continue, please notify the Foundation office.*

I would like my gift to be in honor/memory of:

\_\_\_\_\_

Please send an acknowledgement to:

Name \_\_\_\_\_

Address \_\_\_\_\_

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**EMPLOYEE INFORMATION**

Employee Name \_\_\_\_\_

Employee No \_\_\_\_\_ Dept \_\_\_\_\_

Telephone/Ext \_\_\_\_\_

Home Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

I am interested in volunteering at Foundation events.

\_\_\_\_\_  
**Employee Signature (Required)**

\_\_\_\_\_  
**Date**