

EMPLOYEE GIVING

Use this form to elect a one-time gift or bi-weekly payroll deduction to The Cooper Foundation.

Every day at the Cooper Foundation we are inspired to see our very own #CooperTeam investing in the Cooper mission and the patients and communities we serve. Thank you for joining your team mates in making a big impact inside and outside our workplace!



CREDIT CARD
IMPORTANT!
 Do not use this form for credit card payments. Use this QR code instead.

NAME: _____

ADDRESS: _____

DEPARTMENT: _____

EMAIL: _____

WHERE SHOULD YOUR DONATION GO?

- | | |
|--|--|
| <input type="checkbox"/> The Cooper Foundation | <input type="checkbox"/> MD Anderson Cancer Center at Cooper |
| <input type="checkbox"/> Community Programs | <input type="checkbox"/> Cooper Cares Employee-managed program that funds patient-centered care |
| <input type="checkbox"/> Employee Catastrophic Fund Help your team mates in need | <input type="checkbox"/> Other: _____ Choose from 100+ funds - find a cause that aligns with your passions foundation.cooperhealth.org/give/find-a-fund/ |

HOW SHOULD WE DEDUCT YOUR DONATION?

Bi-weekly Payroll Deduction

- \$1/pay = \$26/year
- \$2/pay = \$52/year
- \$5/pay = \$130/year
- \$10/pay = \$260/year
- \$20/pay = \$520/year
- \$40/pay = \$1,040/year
- Other: \$_____ /pay

OR

One-Time Gift

- \$25 \$50 \$75
- \$100 \$150 Other: \$_____

Paid by:

- Single Payroll Deduction
- Cash
- Check
Payable to "The Cooper Foundation"

Payments via Credit Card should use the QR Code above.

SIGNATURE: _____

DATE: _____

Return this form by December 31, 2023 by scanning to cooper-foundation@cooperhealth.edu