

COMMITMENT FORM

YES, I would like to participate in The 2017 Power to Heal Campaign!

PREFERRED CONTACT INFORMATION

Mr. Mrs. Ms. Dr. Name (as you wish to be recognized) _____
 Address _____ City/State/ZIP Code _____
 Phone _____ Email _____

DESIGNATE YOUR GIFT

- **One-year payroll deduction:** Begins on the first Jan. 2018 pay date and occurs for all pay periods in 2018. Minimum of \$2 per pay period required.
- **One-time payroll deduction:** Total gift identified below will be deducted on the first Jan. 2018 pay date. Minimum of \$5 total payroll deduction.
- **One-time gift:** Choose credit card, cash or check.

REFER TO BACK PAGE FOR MORE INFORMATION.

Choose One or More Designations ...		One-Year Payroll Deduction <i>(per pay period)</i>	One-Time Payroll Deduction <i>(total amount)</i>	One-Time Gift: <input type="checkbox"/> Credit Card* <input type="checkbox"/> Cash <input type="checkbox"/> Check
SYSTEM-LEVEL GIVING	MedStar Health	\$	\$	\$
	MedStar Ambulatory Services	\$	\$	\$
	MedStar Graduate Medical Education	\$	\$	\$
	MedStar Health Institute for Quality and Safety	\$	\$	\$
	MedStar Health Research Institute	\$	\$	\$
	MedStar Institute for Innovation: <input type="checkbox"/> MI2 and/or <input type="checkbox"/> MedStar SiTEL	\$	\$	\$
	MedStar Sports Medicine	\$	\$	\$
	MedStar Visiting Nurse Association	\$	\$	\$
United Way of Central Maryland	\$	\$	\$	
HOSPITAL-LEVEL GIVING	MedStar Franklin Square Medical Center	\$	\$	\$
	MedStar Georgetown University Hospital	\$	\$	\$
	MedStar Good Samaritan Hospital	\$	\$	\$
	MedStar Harbor Hospital	\$	\$	\$
	MedStar Montgomery Medical Center	\$	\$	\$
	MedStar National Rehabilitation Network: <input type="checkbox"/> Outpatient and/or <input type="checkbox"/> Inpatient	\$	\$	\$
	MedStar Southern Maryland Hospital Center	\$	\$	\$
	MedStar St. Mary's Hospital	\$	\$	\$
	MedStar Union Memorial Hospital	\$	\$	\$
	MedStar Washington Hospital Center	\$	\$	\$
	Or Direct My Gift to (Entity/Fund): _____	\$	\$	\$

***CREDIT CARD PAYMENT**

Name on card _____ Credit Card Number _____ Expiration Date _____

SIGNATURE AUTHORIZATION

By signing below, you authorize MedStar Health to adhere to your gift selections above (includes credit card payment, if applicable).

Signature _____ Date _____ I wish to remain anonymous.

GIFTS OF GRATITUDE

I would like to make my gift in honor of a colleague: _____

Where does he/she work? _____ Department: _____

COMMITMENT FORM

Your Investment has The Power to Heal

FACT: Across MedStar, **2,570** associates and clinicians **INVESTED** in the **Power to Heal Campaign** last year.

WHAT'S THE PURPOSE OF THE CAMPAIGN?

- To create awareness about philanthropy and how it can be meaningful for our patients and families
- To enhance the understanding that gratitude positively impacts patient experience
- To celebrate our growing culture of gratitude
- To invite all associates and physicians to discover their own *power to heal*

GRATITUDE HAS
The **POWER**
to **HEAL.**

FACT: Your support made a **\$1.2 million** difference **systemwide** during the **last Power to Heal Campaign**.

HOW IS MY COMMITMENT USED?

At MedStar Health Research Institute, this year's initiative will support the New Investigator's Grant Fund. This fund helps to establish the careers of investigators who are new to MedStar Health, helping to advance health for patients, families and communities we serve.

FACT: If each associate gave **\$5** per pay period, we would raise **\$4.3 MILLION** to enhance **patient experience**.

PARTICIPATE TODAY!

A new commitment form must be submitted each year; please complete this form and return via:

- Email to jean.m.sonni@medstar.net.
- Drop off or Mail to: Attn: Jean Sonni, 10980 Grantchester Way, 7th Floor-Philanthropy, Columbia, MD 21044.
- Make a commitment online at MedStarResearch.org/PowerToParticipate.

Choose Your Healing Power

If you are interested in payroll deduction, the chart (pictured at right) outlines suggested gift amounts. The chosen amount will be deducted from your bi-weekly pay check beginning with the **first Jan. 2018, pay date** and will occur for all pay periods in 2018.

QUESTIONS?

Contact Jean Sonni, philanthropy engagement officer, at **410-772-6670** or via email at jean.m.sonni@medstar.net.

Amount Per Pay Period	Pay Periods	Annual Gift
\$2	X26	\$52
\$5	X26	\$130
\$7	X26	\$182
\$10	X26	\$260
\$25	X26	\$650
\$38.47	X26	\$1,000
\$50	X26	\$1,300
\$76.92	X26	\$2,000