

Wellstar Foundation

Team Member Giving Donation Form

By completing and signing this form, you authorize a payroll deduction in the amount indicated below as your gift to the Wellstar Foundation Team Member Giving program. Please return this completed form to the Wellstar Foundation via interoffice mail or mail it to Wellstar Foundation at 1800 Parkway Place, Marietta, GA 30067. You can also scan or take a photo of your completed form and email it to teammembergiving@wellstar.org.

If you prefer to enroll online, visit wellstar.org/teammembergiving.

TEAM MEMBER SIGNATURE* DATE*

NAME*

EMPLOYEE NUMBER* DAYTIME PHONE

EMAIL

WORK LOCATION DEPARTMENT

☐ I am a new donor ☐ I am an existing donor

I would like to donate the following per pay period (choose one)*:

- | | | |
|--|--|--|
| <input type="checkbox"/> \$5/pay period | <input type="checkbox"/> \$15/pay period | <input type="checkbox"/> \$30/pay period |
| <input type="checkbox"/> \$10/pay period | <input type="checkbox"/> \$20/pay period | <input type="checkbox"/> \$40/pay period |

DESIGNATION

I would like my donation to benefit (choose one):

- | | | |
|---|--|--|
| <input type="checkbox"/> Georgia's Greatest Need | <input type="checkbox"/> Neuro Care | <input type="checkbox"/> Wellstar Paulding Medical Center |
| <input type="checkbox"/> Emergency Assistance Fund | <input type="checkbox"/> Pediatric Care | <input type="checkbox"/> Wellstar Spalding Medical Center |
| <input type="checkbox"/> Educational Scholarship Fund | <input type="checkbox"/> Women's Health | <input type="checkbox"/> Wellstar Sylvan Grove Medical Center |
| <input type="checkbox"/> Health Equity | <input type="checkbox"/> Wellstar Cobb Medical Center | <input type="checkbox"/> Wellstar Windy Hill |
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Wellstar Douglas Medical Center | <input type="checkbox"/> Wellstar MCG Health |
| <input type="checkbox"/> Innovation | <input type="checkbox"/> Wellstar Kennestone Regional Medical Center | <input type="checkbox"/> Wellstar Children's Hospital of Georgia |
| <input type="checkbox"/> Workforce Development | <input type="checkbox"/> Wellstar North Fulton Medical Center | <input type="checkbox"/> Wellstar Georgia Cancer Center |
| <input type="checkbox"/> Cancer Care | | |
| <input type="checkbox"/> Cardiac Care | | |
| <input type="checkbox"/> Hospice Care | | |

PLANNED GIVING

☐ I am interested in learning about charitable estate planning.

*Required

OFFICE USE: PR____RE____

WS2023_04.25

How to Sign Up Through Workday

Open **Workday** found on the left side of the eSource main page. See below for abbreviated instructions or scan QR code for detailed instructions.



Point your phone camera here to get started.



Select **Login** via SSO to open the Workday main page.

In the Search bar type “**Wellstar Foundation.**” Click on **Tasks and Reports**. Choose the option that says **Custom Task**.

Donate To The Wellstar Foundation should appear. To sign up to become a Team Member Giver or to access your current giving, click on **My Donations**.

CURRENT TEAM MEMBER GIVERS

1. You will see current information on your donation and gift designation. Initially, your **Gift Designation** will say **TMG Donation**. To change/view your gift designation you will need to **Stop** your current donation and **Add** a new donation. Donors with multiple designations will be “grandfathered in,” and you will need to contact the Foundation for more information.
2. You will see the **End Date** of your original donation listed.
3. Click on **Add Donation** including the amount and gift designation (limit one) that you want deducted from your paycheck going forward.

NEW TEAM MEMBER GIVERS

1. Click on the **Add Donation** button.
2. Choose one fund that you want to support from the drop-down list.
3. Choose **Donation Frequency**—recurring gift (every pay period)—or one-time gift. You may only do one recurring gift at a time. However, you may make multiple one-time gifts.
4. Choose your **Donation Amount** (minimum of \$5 per pay period). One-time gifts can be for any amount.
5. Click on **OK**. **Start Date** and **Next Deduction** dates will be displayed.

For enrollment help or questions, please email
teammembergiving@wellstar.org.