

We Work Here. We Live Here. We GIVE Here!

YOUR GIFT MATTERS

Philanthropy is vital to Peterson Health's ability to maintain its role as a healthcare leader in the Texas Hill Country while remaining FIERCELY INDEPENDENT! Our Employee Giving Program is a fundraising effort where you, our INCREDIBLE PEOPLE, have a chance to show human kindness through a gift to the Peterson Health Foundation and have a big impact on our mission.

Thanks in part to **Employee Giving**, Peterson Health Foundation funded the following this year:

NEW EQUIPMENT - like the SIMNewB baby, Moses Holmium Laser, ENT Navigation Equipment and much more.

Peterson's **MAGNET JOURNEY** to enhance our culture of excellence.

EMPLOYEE SCHOLARSHIPS for additional training.

HOW TO GIVE

Use the Pledge Card on the back of this flyer, fill it out, and return it to the Foundation office. You can also return your pledge form by email:
Foundation@PetersonHealth.com

For questions, please call us at:
830.258.7411

THE POWER OF

\$5

CONSIDER THIS...If every employee gave **\$5 per pay period**, we would raise over **\$150,000 to benefit our patients and facilities!**

Employee giving is MORE than just a charitable donation, it's another way that our Peterson team shows our community just how much we care!

PRIZES

Every employee who gives a minimum of \$5 per pay period (or a one-time minimum gift of \$130) will be entered to win awesome prizes, including:

- 8 hours of PTO (3 PTO prizes will be awarded)
- Gift Certificates to local retailers and restaurants
- Wireless inkjet color printer
- Pair of tickets to Gala 2024
- MUCH, MUCH MORE!


**PETERSON
HEALTH
FOUNDATION**

Payroll Deduction Authorization Form



Employee Name *(please print)* _____

Name(s) for Recognition _____

Employee # _____ Department _____

Home Address _____

City/State/Zip _____ Phone _____

Email Address _____

Please indicate type: Mobile Home

Yes, I would like to support Peterson Health’s mission to provide exceptional, compassionate, patient-centered care to the Hill Country Community. Please deduct the following amount from my paycheck beginning July 1, 2024 through June 30, 2025.

\$5.00 \$10.00 \$25.00 \$50.00 \$100.00 Other \$ _____

I would prefer to support Peterson Health’s mission through a one-time payroll deduction in the amount of \$ _____,

Authorization for Payroll Deduction

I authorize the payroll department of Peterson Health to deduct the above amount from my paycheck.

- This authorization is given knowingly, voluntarily, and without intimidation or threat of loss of employment, and the deductions made hereunder are for my benefit.
- This authorization does not confer any right to continuing employment or any other employment rights.
- In the event I leave the organization prior to June 30, 2025, all deductions will cease after my final paycheck. Only the single, per paycheck amount will be deducted from my final paycheck, and any remaining deductions authorized above will not be deducted from my final check.

Employee Signature

Date

After completing and signing this form, please deliver a physical copy to the Foundation office, or scan and email to foundation@petersonhealth.com.



551 Hill Country Dr
Kerrville, TX 78028



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