

LET'S INVEST FOR TOMORROW

— Hancock Health Foundation —
www.HancockRegionalHospital.org/LIFT



Let's Invest for Tomorrow—better known as **LIFT**—gives Hancock Health Associates an opportunity to give back, not only to the hospital but also to fellow associates in need.

LIFT has been an integral part of the Hancock Health Foundation since 2004 and is comprised of associates who are dedicated to the success of the program.

Our goal is to seek the participation and financial support of 100 percent of our hospital family. Your gifts will support special projects, educational opportunities and community health programs. It also proves to others in the community that those closest to Hancock Regional Hospital believe in our organization enough to invest for tomorrow.

Why is my participation important?

Many of us support charities of our choosing. We often forget, however, that the very hospital in which many of us work is dependent upon contributions to continue its own charitable mission in our community. Your participation will support and promote many Foundation projects. In addition to these projects, **LIFT** has currently designated 50 percent of each **LIFT** gift to the Associate Crisis Fund. This fund provides financial assistance to associates who have encountered a personal hardship. For more information regarding this program, please contact the Foundation office.

How do I participate?

LIFT is a completely voluntary program. You may pledge any amount you wish, through a single donation or through payroll deduction. Our goal is 100 percent participation! Your gift is tax deductible to the extent allowable by law.

To participate, simply fill out the membership form below. **If you have any questions, please call us at (317) 468.4106.**

Membership in **LIFT** is offered to all donors. Annual gifts of \$26 or more will also be recognized on the donor recognition wall.

Name: _____ E-mail: _____ Dept.: _____

Street address: _____ City: _____ State: _____ ZIP: _____

Contribution amount per pay period HRH HPN

\$1 (\$26/year) \$4 (\$104/year) \$9.62 (\$250.12/year) \$19.24 (\$500.24/year) \$38.47 Legacy Circle (\$1,000.22/year)

Other amount per pay period: _____ Flat amount donation: _____

Signature: _____ Date: _____

I authorize my employer to deduct from my earning the amount stated above.
I understand this will remain in place until I either change or cancel it by notifying the Foundation office in writing.