Needing help is not fun.

Giving help is.

It happens every day.

A patient needs a ride to chemo and can't afford it.

A child needs a medication insurance won't cover.

These are just two examples of the hundreds of ways support is provided every day through the CoxHealth Foundation and Children's Miracle Network, and YOU!

When you fill out this form and become an Employee Donor, your gift helps us say yes when someone needs help. Just $5 per pay period can make a difference for someone in our community. Maybe even someone you know.

Giving help is that easy.

Your gift can help cancer patients ring the bell.

Your generosity can impact children like Paislee from Lebanon, MO.

Make a meaningful difference for people in our community and become an Employee Donor.

CoxHealth Foundation and Children's Miracle Network provide a level of patient support that is truly unique in our community. Through these programs, patients receive assistance they often cannot find anywhere else, including:

Therapy Visits • Employee Crisis Assistance • Hotel Stays
Medical Equipment • Preventive Health & Safety
Home Support • School-Based Virtual Visits
Medical Transportations • Hospital Bills • Medications

CoxHealth Foundation Children's Miracle Network

EMPLOYEE GIVING PROGRAM

Become an Employee Donor and receive a special thank you gift!

As our way of saying **THANK YOU** for becoming a **NEW DONOR**, you will receive this Snackle Box as our gift to you!

OUTBACK STEAKHOUSE®

PLUS, you will automatically be entered into a monthly drawing for Outback Steakhouse gift cards!

THE 12 DAYS OF EMPLOYEE GIVING GIVEAWAYS!

ADDITIONALLY, you will automatically be entered into our annual holiday drawing for **GREAT PRIZES!**

☐ **I want to become a CoxHealth Employee Donor because it's an awesome thing to do!**

By enrolling, I authorize a payroll deduction for this gift. All enrollments require a minimum commitment of 120 days before cancellation is allowed.

New Donor Contact Information: *(please print)*

Name: _____

Employee ID Number: _____

Department: _____

Location: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone or Cell: _____

Home Email: _____

Donation Amount: ☐ $5 ☐ $10 ☐ $20 ☐ Other $_____

Your gift is split equally between Children's Miracle Network and the CoxHealth Foundation.

Please return your form via interoffice mail to:
CoxHealth Foundation/CMN
Melissa Bertalott
Medical South Building., Suite 204

Scan the QR code to join online or visit:
search: **CoxHealthFoundation.com**
click: **Employees**
select: **The CoxHealth Way**

CoxHealthFoundation.com **CoxHealthCMN.com**

Thank You. *Your gift is tax deductible according to IRS regulations. A tax receipt will be mailed to you each year in January.*

Office Use Only CHF _____ CMN _____ Date _____ Payroll _____ **NEW FORM**