

Please return completed form to:

THE GRANDVIEW FOUNDATION
405 GRAND AVENUE
DAYTON, OH 45405
937.723.3358

Grandview and Southview Medical Centers



Helping

♥out

People in

Emergencies

Annual Appeal



What is the HOPE FUND?

When fellow employees are in need, we provide help. At Grandview and Southview, we are a FAMILY, and believe in assisting each other during times of financial emergencies.

The HOPE Fund provides financial relief and/or interest free loans that are repaid through payroll deduction. The HOPE Fund is available to help ANY employee, from front line staff to medical residents.

How can I HELP?

Pledge your gift by payroll deduction, or make a donation by cash, check or credit card
Pledges need to be renewed annually!

What if I NEED help?

If you are experiencing financial difficulties, please call HR Connect at ext. 70000 or at (844) 235-4647. The representative will refer your call to Hope Fund staff for confidential evaluation and financial assistance. Help is usually on the way within 24 hours.

For eligibility and additional information, please refer to www.ketteringhealth.org/hopfund/

Providing HOPE

Testimonials from recipients:

- "The HOPE fund was there for me when I had nowhere else to turn."*
- "My husband lost his job and our electricity was going to be shut off."*
- "I needed help making a mortgage payment when my daughter became ill."*
- "I had no way to get to work and needed an emergency repair to my car."*
- "There was a tragic death in my family, and I couldn't afford to pay the funeral expenses."*
- "I experienced a fire at my home and lost everything."*
- "I had surgery and couldn't make ends meet on my disability payments."*



www.grandviewfoundation.org
937-723-3358

HOPE FUND PLEDGE CARD

Employee Campaign supporting the HOPE Fund at Grandview and Southview Medical Centers

In support of the HOPE Fund appeal, I hereby authorize my employer to deduct my gift from my pay and remit my pledge payments to The Grandview Foundation as follows:

- Each pay period for one year \$ _____ x 26 = TOTAL
Payment per year of \$ _____.
- One time payroll deduction of \$ _____.
- My check made payable to The Grandview Foundation is enclosed.

I wish to make a one time donation and charge it to my CREDIT CARD.
Please provide ALL information below.

MC# _____

VISA # _____

AMEX # _____

Expires: _____ (month and year)

CREDIT CARD SECURITY CODE _____
 AMEX: 4 digit code on FRONT of card
 All others: 3 digit code on back of card

It is understood that my pledge will remain in effect only while I am employed by KHN and may be terminated upon my request.

PRINT NAME: _____

WORK LOCATION: _____

DEPARTMENT: _____

EMPLOYEE BADGE #: _____

DATE: _____

SIGNATURE: _____

Please make checks payable to THE GRANDVIEW FOUNDATION.
GIFTS ARE TAX DEDUCTIBLE.

THANK YOU

