SGMC Health Foundation Pledge Card for Employed Physicians

We proudly recognize a distinguished group of physician leaders whose compassion and generosity help advance the mission of the SGMC Health Foundation and improve the health of the communities we serve.

Designation

☐ **Area of Greatest Need** ☐ Heart & Vascular ☐ Women & Infants ☐ Pearlman Cancer Center ☐ Trauma ☐ Neurosciences
☐ Berrien Campus ☐ Lanier Campus ☐ Smith Northview Campus ☐ Hospice of South Georgia ☐ Langdale Place ☐ Lakeland Villa

☐ Care Share ☐ GME ☐ Other: _____

SGMC FOUNDATION
Generosity that Heals

Contact Information

Name:_____ **Employee ID:**_____

Department: _____

Home Address:_____ **City:** _____ **State:** _____ **Zip:**_____

Preferred Phone Number: _____ **Email:**_____

Payment

I agree to make the following contribution to employee giving per pay period and agree to payroll deduction:

Care Champion: ☐$50.00 per pay period
The Physician Partners Program, Care Champion recognizes physicians who contribute $1,200 annually to SGMC Health.

Generosity Leader: ☐$100.00 per pay period
The Physician Partners Program, Generosity Leader, recognizes physicians who contribute $2,600 annually to SGMC Health.

☐Other $_____

Sign

Signature: _____ **Date:**_____

Return completed form to SGMC Health Foundation Office in the Admin Services Building or scan and email: hilary.willis@sgmc.org