



## EMPLOYEE CAMPAIGN

### Frequently Asked Questions

#### **What is the Bridge the Gap: It Begins with US campaign?**

Bridge the Gap: It Begins with US is our way of promoting our internal culture of philanthropy in a very visible way. Each year we have funding gaps—the difference between what programs and services cost and the funding we have available. SYHC is a non-profit organization dependent on federal, state and county grants as well as on the generosity of individuals.

Philanthropy is a natural extension of the work we do. Staff is the heart of SYHC and through this newly launched annual campaign we can help inspire others by leading the way ourselves.

#### **Why should we have a campaign?**

Bridge the Gap: It Begins with US is our way of showing how much we value SYHC. It also shows the community at large that we believe our organization is worthy of support.

#### **What benefit is there for SYHC?**

Many institutional funders are inspired to support organizations with a strong internal philanthropic tradition. Grant applications often ask what percentage of staff and board donate annually.

#### **How much should I give?**

We would never tell you that you have to give, nor what amount you should give. Your philanthropy is a private affair. Many of our employees tell us they support their churches, their children's schools as well as other causes they believe in. We are just asking that you consider a gift—of any size—to help us Bridge the Gap AND to have as large a percentage of participation as possible. We would love to see 100% participation one day!

#### **How can I contribute?**

You can contribute in whatever way works best for you.

1. Through a one-time gift of cash, check or debit/credit card.
2. You can also give an amount through an on-going payroll deduction.
3. You can start an EFT from your credit/debit card or via ACH from your checking account.

How you give is up to you. Your gift is a wonderful show of support for our mission. You can also give time and talent through volunteering. We will be hosting various volunteer opportunities year-round that will give you a chance to show your support.

#### **Is my contribution tax-deductible?**

Your contribution is tax deductible to the extent allowed by law. If you give a straight donation, then your gift is 100% tax deductible in that no goods or services are exchanged. If you choose to donate to support an event, and receive event benefits, then your deductible amount will be reduced based on value of goods or services received.

#### **How will I be recognized?**

We will be recognizing all gifts with a commemorative pin, invitations to special thank you receptions, and on an 'honor roll' on our SYHC website. This recognition will be given to all employee donors, regardless of the size of their gift. We will also be holding special drawings throughout the campaign for fun prizes as a small token of appreciation.

#### **If I choose payroll deduction, when does it begin? When does it end?**

Payroll deduction will begin within 2 weeks of you filling out your donation form. You do not need to renew your deduction, as it will continue until you submit a stop request. You can choose to increase or decrease your deduction at any time and it may take up to 3 weeks for the change to take effect.





# CAMPAIGN PLEDGE FORM

\_\_\_\_\_  
EMPLOYEE'S FULL NAME

\_\_\_\_\_  
HOME ADDRESS (HOUSE NUMBER, STREET, CITY, STATE AND ZIP CODE)

(\_\_\_\_\_) \_\_\_\_\_  
PERSONAL PHONE

\_\_\_\_\_  
PERSONAL EMAIL

\_\_\_\_\_  
DEPARTMENT

\_\_\_\_\_  
OFFICE LOCATION

(\_\_\_\_\_) \_\_\_\_\_  
WORK PHONE OR EXTENSION

\_\_\_\_\_  
WORK EMAIL

## A. I would like to pledge:

- A one-time gift in the amount of \$ \_\_\_\_\_
- A recurring gift in the amount of  \$5  \$10  \$20  Other \$ \_\_\_\_\_

## B. I would like my gift to go:

- Where needed most
- To a specific program (e.g. Salsita, Senior Services, Reach Out & Read, AIDS Walk, Komen Race for the Cure, etc.):  
\_\_\_\_\_
- Other (e.g. Gala ticket, Golf entry, etc.):  
\_\_\_\_\_

## C. I would like to contribute via:

- Payroll Deduction\*\*

\_\_\_\_\_  
AMOUNT PER PAYCHECK                      EMPLOYEE SIGNATURE

\*\*By signing, you authorize San Ysidro Health Center, Inc. to deduct the amount indicated from each paycheck.

- Credit Card\*

\_\_\_\_\_  
CREDIT CARD NUMBER                      EXPIRATION DATE                      SECURITY CODE

\_\_\_\_\_  
NAME AS IT APPEARS ON CARD                      AUTHORIZED SIGNATURE

\*By signing, you authorize San Ysidro Health Center, Inc. to charge the credit card provided.

- Check Enclosed (payable to San Ysidro Health Center)