

Take a chance to **win prizes** in FIVE RAFFLES!

Raffle #1 (For Donating \$52 or More to the AAFD FY21!)



VACATION DAY



\$50 VISA GIFT CARD

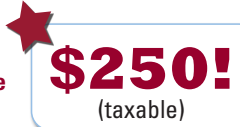


\$50 AMAZON GIFT CARD



\$25 DUNKIN DONUTS GIFT CARD

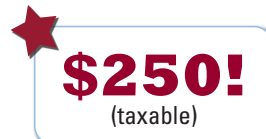
Raffle #2 (For Making Your AAFD FY21 Donation Open-Ended!)
(Without having to fill out a form every year, your payroll deduction pledge will continue until you notify the Office of Development to stop)



Raffle #3
(For Filling Out and Returning Your Participation Form by Monday, February 15, 2021)
(Previous open-ended participants will automatically be entered into this raffle)



BAYSIDE RESORT
Route 28, W. Yarmouth, MA
www.baysideresort.com
2 NIGHT ACCOMMODATIONS
(OFF SEASON)



Raffle #4 (Take a photo holding a "I helped a co-worker" sign and send to Lisa Pedranti at lpedranti@signature-healthcare.org by Monday, February 15, 2021) *These signs will be sent to you with your participation gift after your participation form is received.



Raffle #5 (Refer a friend to sign up and have them put your name in the "I was referred by" section of their participation form)



VACATION DAY

The first 50 people to donate \$4 per pay period or more will receive a \$10 Amazon gift card which can be sent to another healthcare hero you choose or yourself!



RULES TO ENTER:

- Complete and sign the AAFD form by Friday, March 19, 2021
- Give \$2 per pay period (= \$52/year) or more via payroll deduction, OR
- Give a gift via cash, check or credit card of \$52 or more
- Acknowledge that you would like to be a part of the raffle on the AAFD form (\$1 for each \$52 donation will be used to purchase a raffle ticket)

NON PROFIT
U.S. POSTAGE
PAID
PERMIT #6
ABINGTON, MA

SIGNATURE HEALTHCARE
OFFICE OF DEVELOPMENT
680 Centre Street
Brockton, MA 02302-3395

Be The Change
you'd like to see



2021 Associate Annual Fund Drive

Raising money to support programs and services that benefit our patients and associates.

Be the change...

OUR PATIENTS AND FAMILIES RELY ON YOU

As a non-profit organization, Signature Healthcare relies on Annual Fund gifts which are ultimately used to enhance the experience of our patients and their families. Each year we invite our community, medical staff, patients, and you, our valued associates to donate to the Annual Fund.

Not only does your gift help our patients and their families – through a generous match by the Signature Healthcare Corporation - it helps our employees as well!



These items made possible because of you!

WHERE DOES MY MONEY GO?

Our Associate Annual Fund is unique. You submit requests for non-budgeted equipment that will benefit our patients and/or their families. A committee of your peers reviews your requests and is responsible for the approval process. (In most organizations the corporation decides on how money from the Associate Annual Fund is spent.)

Past items requested and purchased from donations to the Associate Annual Fund include exam table, infant discharge cart, a bili blanket (portable phototherapy device for the treatment of neonatal jaundice), umbrellas for wheelchairs, blood pressure arms for the School of Nursing, patient chairs, patient step stools, ultrasound gel warmers, patient monitor, ambulance modems, and much more.

Additional funds supported can be found under #2: designate your gift.

YOUR GIFT IS MATCHED TO HELP OUR EMPLOYEES IN NEED!

Each donation made to the Associate Annual Fund Drive is MATCHED by the Signature Healthcare Corporation and is dedicated to the Employee Relief Fund. This fund, confidentially overseen by another committee of our associates, distributes money to co-workers who are facing hardships. In 2019, over 27 employees and their families were helped with expenses such as emergency rent due to severe financial strain from being out of work with illness, home repair, medical bills, and funeral expenses.

Your gift makes TWICE the difference!

HOW CAN I CONTRIBUTE?

Contributing is easy!

- Fill out and sign this form indicating how much you would like to contribute. Any amount is appreciated.
- Decide if you'd like to participate in the raffle and check the appropriate box.
- Return this slip to the Office of Development by Friday, March 19, 2021.
- Raffle drawing will be held on Monday, March 22, 2021 at 3pm and announced via email/SigNet.

GOOD LUCK!

#1: DECIDE LEVEL OF PARTICIPATION

Yes, I want to participate in the 2021 Associate Annual Fund Drive and agree that \$1 of every \$52 donated will be used to purchase one raffle ticket.

Amount: \$52 \$104 \$156 \$208
 \$260 Best Gift \$ _____

Please make my pledge open-ended. (Without having to fill out a form every year, your payroll deduction pledge will continue until you notify the Office of Development to stop.)

-OR-

I want to participate in the 2021 Associate Annual Fund Drive but I do not wish to participate in the raffle.

Amount: \$25 \$50 \$100 \$150
 \$200 Best Gift \$ _____

#2: DESIGNATE YOUR GIFT

I would like my gift to benefit (please choose one fund for every \$52 donated).

\$ _____ **Associate Annual Fund (28630)**- The Associate Annual Fund raises money to benefit programs and services at Signature Healthcare. Requests for new purchases are initiated by our employees and voted on by a committee of peers.

\$ _____ **WE CARE H.O.P.E. (Heightening Our Patients' Experience) Fund (28605)**- This fund assists our cancer patients.

\$ _____ **Senator Thomas P. Kennedy Patient Advocacy Fund (28603)**- This fund helps our Social Workers support patients in need.

\$ _____ **Brockton Hospital School of Nursing (BHSN) (28500)**- The BHSN General Fund raises money to benefit programmatic and capital improvements to the School.

I would like to increase my donation by \$ _____ per pay period towards the

COPE Fund and/or the COVID-19 Fund

#3: CHOOSE PAYMENT OPTION

Check (Make checks payable to Signature Healthcare)
 \$25 \$50 \$100 \$250 Best Gift \$ _____

Payroll Deduction Form

Total Pledge Amount: \$ _____
One-time payroll deduction amount:
\$ _____ **OR**

I am paid biweekly & I authorize a payroll deduction of:

\$20 \$10 \$8 \$6 \$2

Best Gift \$ _____
(per pay period)

Credit Card

AmEx Visa MC Discover

Card # _____ Exp. _____

Name on Card: _____ CVC _____

Please sign here to authorize payroll deduction or credit card payment:

NAME _____ **Date** _____

Print Name Clearly _____

Home address _____

Dept. _____

Birthday Month _____

I was referred by _____

Please return this form to the Office of Development by interoffice mail or send to: Signature Healthcare Office of Development 680 Centre Street, Brockton, MA 02302 For more information call: 508-941-7187

You can also make a gift on-line, using the SigNet Development page "Gift Box." Please indicate "AAFD FY21 Employee" on the comment line.

All gifts are tax deductible (less \$1 for every \$52 donated if you are participating in the raffle).

Thank you for your support!