

Explore the campaign or give online at **integris-youandi.org**.

Being a YOU&I donor has its perks.

Show your passion!



EVERY YOU&I DONOR RECEIVES:

- An Impact Report showing your gift making a difference!
- Custom Passion Badge Reel
- Custom Passion E-Signature
- Entry to Win 40 Hours of PTO



Make a gift of \$5+ per pay period to receive a YOU&I Empower tee!

Imagine if every INTEGRIS Health caregiver joined the GIVE5
Challenge. Together we could raise more than \$1 million dollars to impact the lives of our patients!

GO AHEAD. WEAR YOUR PASSION ON YOUR SLEEVE.

WEAR YOUR YOU&I T-SHIRT & JEANS* ON FRIDAYS!

*Please confirm your role/ department/facility allows jeans.



2024 PLEDGE FORM: PAYROLL DEDUCTION HI, PLEASE TELL US ABOUT YOU.

HI. PLEASE TELL	O2 ABOUT 10	00.	
Your Name:			
Your Employee ID:			
Work Facility & Depart	tment:		
CHOOSE YOUR P	* *	evenly split your gift b	etween the two.
 Arcadia Trails Burn Cancer Care Coordination Child Life Children's Place Edmond 	• IMG	NeuromuscularNICUNursingPastoral CarePediatricsPortland Ave.Project: YOU&I	S.H. AcademyStrokeTransplantYukonDr. Clark Patient
CHOOSE YOUR B			your badge reel.
Your Passion:			
MAKE YOUR GIFT Make your gift in memo	ory of or in honor of		ll to you.
In Memory of	In Honor of Na	me:	
CHOOSE HOW YO Spread your gift across Give a gift of \$5+ per pay pe	the year, or give it	all at once. Thank you	
GIVE EACH PAY I		cted each pay period from	n July 2024-June 2025)
\$75 per pay per\$50 per pay per\$35 per pay per	iod (\$1,950/yr) iod (\$1,300/yr) iod (\$910/yr)		d (\$390/yr) d (\$260/yr) l (\$130/yr)
MAKE A ONE-TIM	ME GIFT (Gift will	come out of your first pay	y period in July 2024)
Count on my one-tim	e payroll deductio	n gift of: \$	

Payroll Deduction Terms: By selecting one of the payroll deduction elections above, I understand that this form authorizes INTEGRIS Health payroll to withhold from my salary and/or wages the designated amount per pay period as a charitable donation. I also understand the designated amount will be deposited with the INTEGRIS Health Foundation on the month following the deduction. The deduction will continue until one of the following:

a) The ending date of my pledge is met, b) the full pledge amount has been met, or, c) I notify the INTEGRIS Health Foundation indicating the change or cancel. **Have questions? Email us at gift@integrishealth.org.**

PLEASE CONFIRM YOUR GIFT

Give a minimum of \$130 one time and receive the YOU&I tee!

Your Signature: Today's Date: Make my gift anonymous

YOUR T-SHIRT SIZE

Please circle your preference:

S M L XL

2XL 3XL 4XL 5XL

THANK YOU!

Please scan and email this form to gift@integrishealth.org or mail via interoffice to INTEGRIS Health Foundation - 110.7470.

Questions? Call 405.951.5005 or email gift@integrishealth.org.