



August 2019

Dear Friends:

Your gift truly matters in each life we touch. We ask for your support today.

Every dollar makes a difference, so please take a few minutes to make a pledge or donation to the Employee and Volunteer Giving Campaign. Your donation will be put to use immediately to support our colleagues and our patients.

Thank you,


Bob


Tammy


Trish


Nicole


Sarah

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Volunteer, Infusion

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HELPING HANDS SUPPORTS THE JONES FAMILY OFFSETS MEDICATION COST

Elizabeth (Liz) Jones, who works in Physical Rehabilitation's Essex office, has been a long-time advocate and supporter of the Helping Hands Assistance Fund. She has helped both colleagues and patients apply for assistance when there was an unexpected hardship, but never expected that she would benefit from the Fund herself.

Liz and her husband, Todd, have three children. When their eldest son, Christian, was in fourth grade, he was diagnosed with Asperger's, depression and anxiety. Since then, they have struggled at times with the complexity of the care and services Christian needs. Their goal has always been to help manage Christian's symptoms, make school easier, and ease his struggles in any way that they can. Sometimes that means multiple doctors' appointments in a week; other times managing medication changes.

The family is covered by Todd's insurance and they were caught off guard when they learned that a new medication would cost \$850 and that they had reached their maximum pharmacy coverage. The pharmacy would only give them enough pills to get Christian through a few days until the family could figure out how they would cover the cost. Liz shared that she was so overwhelmed that she "lost it and started to cry" right in the pharmacy. She shared that sometimes the process is so hard to navigate as many insurance companies do not cover a number of behavioral health costs.

When learning of the situation, a colleague suggested she look into Helping Hands, and she did. The request was approved by the Helping Hands committee and Liz's family received support to help offset expenses so that the family could afford to buy Christian's medication. Liz said it was such a "relief and the support of my colleagues has been incredible." Christian is currently thriving as a sophomore in high school with an interest in marine science.

You can help make a difference by donating to the employee + volunteer giving campaign.

"It was such a relief, and the support of my colleagues has been incredible."

2019 Middlesex Health Employee Donation Form

Please complete this form and return it to your area captain or directly to the Office of Philanthropy.

NAME: _____

EMPLOYEE NUMBER: _____

Give or pledge online at: middlesexhealth.org/mhgives

CONTINUOUS GIVING

- ☐ Continue my gift/pledge shown below every year until I change or cancel it. You will be recognized and receive thank you gifts annually, but no pledge form.

STEP 1: GIVING LEVELS

- ☐ **Leadership Level**
- ☐ one hour's pay per month
 - ☐ two hours' pay per month
- ☐ **Partner Level** - total gift of \$100 or more. (\$4.00 or more per pay period.)
- ☐ \$4.00 per pay period (Total pledge \$104)
 - ☐ \$5.00 per pay period (Total pledge \$130)
 - ☐ \$10.00 per pay period (Total pledge \$260)
 - ☐ \$_____ per pay period
- ☐ **Supporter Level** - total gift under \$100.
- ☐ \$3.00 per pay period (Total pledge \$78)
 - ☐ \$2.00 per pay period (Total pledge \$52)
 - ☐ \$1.00 per pay period (Total pledge \$26)
 - ☐ \$_____ per pay period
- ☐ **One-time Donation** - I wish to make a one-time gift of \$_____

STEP 4: FOR RECOGNITION PURPOSES (Please print)

- ☐ Please list me as follows: _____
- ☐ I wish my gift to be anonymous.
- ☐ To make your gift in honor of, or in memory of someone, please fill out the following information:
- _____ in memory of; or _____ in honor of: _____

If you would like us to notify the family or honoree (gift amount will not be disclosed), please complete the following:

Name: _____

Address: _____ City, State, Zip: _____

STEP 5: EMPLOYEE SIGNATURE

Employee Signature: _____ Date: _____

STEP 2: PAYMENT OPTIONS

- ☐ Payroll Deduction
- ☐ Cash or Check (checks payable to Middlesex Hospital)
- ☐ Credit Card (gifts of \$25 or more)

____ VISA ____ MasterCard ____ Discover

Card # _____

Exp. Date _____ CSV: _____

You may make your gift or pledge online at:
middlesexhealth.org/mhgives

STEP 3: GIFT DESIGNATION (Please credit my gift as follows:)

- ☐ 100% Helping Hands Assistance Fund
- ☐ 100% Area of Greatest Need
- ☐ 100% Other _____
- ☐ 50% for the Area of Greatest Need and 50% for
- ☐ Helping Hands
 - ☐ Other _____

GIFT FROM YOUR WILL

- ☐ I have included Middlesex Hospital in my will.
- ☐ Contact me about making a gift in my will to Middlesex Hospital. Visit MiddlesexHealthHeritageCircle.org for more information.

100% OF YOUR GIFT GOES DIRECTLY TO THE FUND OR FUNDS THAT YOU CHOOSE

- All employees who return their card by **October 4** will be entered to win raffle prizes.
- All employees who contribute will receive a thank you gift(s).
- Payroll deductions will begin with the paycheck you receive on **October 10**.
- Questions? Call **Sally Ann Lee** [Philanthropy] at **ext. 4065**.