



CARE Givers

CareGivers is the WRHS Employee giving program. Through CareGivers, employees raise funds to directly benefit facilities and programs in the WRHS service area. CareGivers promotes positive and rewarding giving. It also shows the community that our staff is committed to excellence and to the continuous growth and improvement of our healthcare services.

Impact of CareGivers

- Two EKG Machines for the WRMC Medical Complex Cherokee Village
- Prescriptions, transportation, and home medical supplies for over 100 patients
- Food and transportation assistance to patients at Batesville Oncology and WRMC Cancer Care Center
- Books for the Reach Out & Read Program at The Children's Clinic
- Helmets and Glow Sticks for The Children's Clinic Glow Ride
- Materials for Health First, Prostate Screening, Flu Vaccines, etc.
- Docu-Pockets for placement of hand hygiene reminders
- Defibrillators, Pediatric Manikin, and other clinical training tools



CareGivers Perks

In addition to the rewards of generosity, CareGivers members receive:

- An exclusive ID badge with the CareGivers logo
- Access to discounts at local businesses with CareGivers ID badge (Click the Employee Discounts icon on your desktop to see the list of participating businesses)
- A free CareGivers T-shirt on sign-up
- 4 free tickets to Monthly Melba Movie Night
- Access to *Member Only* activities and events
- Chances to win great prizes
- 1 Year Membership Rewards
- Quarterly CareGivers Newsletter
- Opportunity to serve on a rewarding committee



How Do I Join CareGivers?



Use this form to sign up for donations through automatic payroll deduction.

One hour of your hourly wage per month and a 4-month commitment are required to join.



Choose where your gift goes.

75% of your donation will be allocated to the fund of your choice. The remaining 25% will benefit the Area of Greatest Need (as determined by WRHS Foundation Board of Trustees).



Return this form to WRHS Foundation.

Email
aperrine@wrmc.com

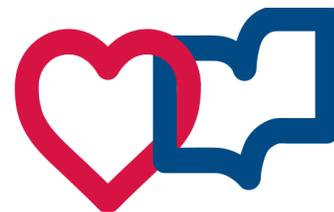
Fax
870-262-3248

Mail
PO Box 2197
Batesville, AR 72501

In-Person
1989 Harrison St.
Batesville, AR 72501

CareGivers contributions are managed by the White River Health System Foundation. WRHS Foundation is a 501(C)3 non-profit organization that supports the healthcare mission of WRHS. All contributions to WRHS Foundation are tax deductible as allowed by IRS regulations. Questions? Contact Abby Perrine at (870) 262-1834 or aperrine@wrmc.com.

Become a CareGiver



To sign up, please complete this form and return to the WRHS Foundation office.

Donor Information

Full Name: _____ Employee #: _____

Job Title: _____ Department: _____

Office / Work Location (City): _____ Birthday: _____ Shirt Size: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Are you an Allied Health Professional? If yes, please choose your profession.

- APRN Chiropractor CRNA Dentist Optometrist Pharmacist
 Physician Physician Assistant Podiatrist Psychologist Other: _____

Gift Information

CareGivers donations are deducted at each payroll period until the donor changes the gift amount or cancels the gift. A minimum of one hour of hourly wage per month and a commitment of four months is required to join.

Gift Amount

- One hour of my hourly wage per month (minimum)
Example: You make \$10 per hour, multiply \$10 by 12 months (\$120) and divide by 26 pay periods = \$4.62 per pay period
 Other gift amount of \$ _____ per month.

Gift Allocation

Please choose the fund where you would like to allocate your gift. 75% of your donation will go to this fund, with the remaining 25% will go to Area of Greatest Need.

- Area of Greatest Need Community Health Mental Health Patient Assistance
 Ribbons of Hope Nursing Scholarships Emergency Departments Physician Residency Program

Recognition

- I prefer that my gift remain anonymous.

Signature

I authorize biweekly payroll deductions to begin the next pay cycle, and agree to a minimum four-month commitment. The amount of the deduction is confidential, and all gifts are tax deductible.

Signature: _____ Date: _____

Name of employee who referred you to CareGivers (if applicable): _____

Return completed form to White River Health System Foundation

Office Address: 1989 Harrison Street, Batesville, AR 72501

Mailing Address: PO Box 2197, Batesville, AR 72501

Phone: (870) 262-1834 Fax: (870) 262-3248

Email: aperrine@wrmc.com