

W. H. A. T. CLUB

We Help Achieve Tomorrow



WHAT IS W.H.A.T. CLUB?

W.H.A.T. Club represents the Tri-State Memorial Hospital employees who donate annually to the Tri-State Hospital Foundation. Those employees set an example for the community by pledging their own support and encouraging the community to do the same.

WHY DOES THE HOSPITAL NEED YOUR SUPPORT?

There are many charitable organizations in the community that we can choose to support. Many individuals often forget their own employer, like Tri-State Memorial Hospital, is also a non-profit community organization that will benefit from our giving. With generous support of community members like you, we can continue to provide high quality healthcare to our patients.

WILL YOUR GIFT HELP?

Yes, every dollar makes a difference! In 2019, W.H.A.T. Club funded over \$27,400 in projects to help improve employee, patient, and visitor experience at Tri-State Memorial Hospital.

WHAT SHOULD YOU GIVE?

There is a minimum of \$2 per pay check or eight hours paid time off donated. W.H.A.T Club's goal is 100% participation. All contributions are tax deductible to the amount permitted by law.

HOW CAN I SUPPORT W.H.A.T. CLUB?

Use the attached pledge card and make a pledge in the amount you wish to give either through a single donation, a one-time paid time off donation, or through payroll deduction. Your donation amount will be kept confidential.

DO EMPLOYEE DONORS RECEIVE RECOGNITION?

Employees will receive a specially designed badge charm and will be invited to exclusive appreciation events throughout the year.

GIVING GUIDE FOR PAYROLL DEDUCTION PER PAY PERIOD

\$2 per pay period minimum required

AMOUNT PER PAY PERIOD	TOTAL FOR 1 YEAR OR 26 PAY PERIODS
\$2	\$52
\$4	\$104
\$5	\$130
\$10	\$260
\$15	\$390
\$20	\$520
\$25	\$650
\$30	\$780
\$35	\$910
\$40	\$1040
\$42	\$1092
\$45	\$1170
\$50	\$1300

TRI-STATE MEMORIAL HOSPITAL EMPLOYEE W.H.A.T. CLUB PLEDGE

I give Tri-State Memorial Hospital & Medical Campus authorization to deduct the following amount on an annual basis: *(please check the box below that coincides with your donation selection and specify amount to be given)*

- \$ _____ per pay period
(minimum of \$2 per pay period)
- One-Time Donation of \$ _____ on the first pay period in January
- # _____ paid time off hours
(minimum of eight paid time off*)

Name _____

Department _____

- Please keep my donation anonymous

Address _____

City, State, Zip _____

Email _____

Phone _____

Signature _____

Date ____/____/____

**Please return this pledge to the
Tri-State Hospital Foundation Office at
1215 Evergreen Court, Suite 1
Clarkston, WA 99403**

For more information please visit
TriStateWHATClub.org or contact
Tri-State Hospital Foundation at
509.758.4902 or foundation@tsmh.org

**Same rules and conditions apply as paid time off cash out:*

- Tri-State Hospital Foundation can only accept paid time off as it is being accrued*
- Once the donated hours have been reached a check will be made to the Tri-State Hospital Foundation*

For more information on paid time off cash out please refer to policy stat



Tri-State Hospital Foundation serves as the thoughtful steward of all contributions and coordinator of all fundraising efforts for Tri-State Memorial Hospital & Medical Campus


MISSION

Tri-State Hospital Foundation is devoted to helping Tri-State Memorial Hospital place people and their health as the first priority.

VISION

Tri-State Hospital Foundation is committed to providing the link between our community and healthcare for today and tomorrow.

"Today's Investment in Tomorrow's Health"

P.O. Box 636, Clarkston, WA | 509.758.4902
foundation@tsmh.org | TriStateWHATClub.org
 TriStateHospitalFoundation

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