

FAQ

► What is W.H.A.T. Club?

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

► Why does TriState Health 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 TriState, is also a non-profit community organization that will benefit from our giving. With generous support of our TriState employees, we can continue to provide high quality healthcare to our patients.

► Will your gift help?

Yes, every dollar makes a difference! Over the last ten years, W.H.A.T. Club donated \$490,654 in projects to help improve employee, patient, and visitor experience at TriState Health.

► How can you support?

Use the attached pledge form 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. If we do not hear from you about your annual donation, your gift will be automatically renewed.

► Do employee donors receive recognition?

Employees will receive a specially designed badge charm and will be invited to exclusive appreciation events throughout the year. Employee donors are recognized on the hospital monitor in the Administration hallway.

► What should you give?

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

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
\$45	\$1170
\$50	\$1300

► What else can I support with my W.H.A.T. Club donation?

- **Athletic Training Program:** Launched at the start of the 2024–2025 school year, Clarkston High School (CHS) and TriState Health share an Athletic Training Program partnership. The presence of a dedicated athletic trainer has transformed the culture of safety in CHS sports. Student-athletes now have access to professional care right onsite, reducing the risk of serious injuries and ensuring proper treatment when injuries occur.
- **Healthcare Scholarships:** TriState Health offers a healthcare scholarship for individuals interested in pursuing a career in the healthcare field.
- **Healing Garden:** TriState Health would like to incorporate a Healing Garden into our main campus to promote healing through relaxation, physical activity, and mental well-being. Research has shown that access to a garden or even just a view of one can lower blood pressure, reduce stress, and help improve recovery rates.
- **Surgery Expansion:** As our population in the Lewis-Clark Valley and surrounding areas ages, the demand for surgical services in the region rises. By upgrading our facilities, we can offer a more comfortable, efficient, and modern space that enhances the overall patient experience, making their time with us as exceptional as the care they receive.

W.H.A.T. Club Pledge Form

Want to join W.H.A.T. Club or need to make changes?
Please fill out the form below.

Option 1 – Payroll

I give TriState Health authorization to deduct the following amount (please check the box below that coincides with your donation selection and specify amount to be given to each fund):

- ☐ \$ _____ per pay period
(minimum of \$2 per pay period)
- ☐ Yearly one-time donation of \$ _____
on the first pay period in January
- ☐ _____ paid time off hours*
(minimum of four hours paid time off)

Option 2 – Cash/Check

I would like to make a one-time gift of:

☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$ _____

Option 3 – Credit Card

To donate by credit card, visit TSH.org/WHATClub.

I would like my donations to support these fund(s):

\$ _____ W.H.A.T. Club General Fund

\$ _____ Athletic Training Program

\$ _____ Healthcare Scholarships

\$ _____ Healing Garden

\$ _____ Surgery Expansion

Name _____

Department _____

Address _____

City, State, Zip _____

Email _____

Phone _____

Signature _____

Date ____/____/____

☐ Please keep my donation anonymous

Please return this pledge form to the TriState Health Foundation's inter-office mailbox.

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

- TriState Health Foundation can only accept paid time off as it is being accrued.
- Once the donated hours have been reached, a check with your net pay will be made to TriState Health Foundation.
- For more information on paid time off cash out, please refer to PolicyStat.



Join W.H.A.T. Club
today by scanning the
QR code or visiting
TSH.org/WHATClub



TriState Health
Foundation

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TriStateFoundation

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W.H.A.T. Club

We Help Achieve Tomorrow



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