

St. Joseph Hospital Employee Giving Pledge of Support – Mission Makers

Please choose payment option and sign:

\$ _____ recurring payroll deduction per pay period. (Your pledge will continue until you notify the foundation to stop deductions.)

I would like to increase my current recurring pledge. The new amount is \$ _____ per pay period. (Your pledge amount will continue until you notify the foundation to stop deductions.) **If you would like to change the fund designation of your current pledge, please select the new fund below.**

I would like to make a One-Time gift of \$ _____.

____ Payroll Deduction (min. \$10)

____ Check enclosed (Please make checks payable to St. Joseph Hospital Foundation)

____ Credit Card Number: _____ Exp: _____

Circle One: American Express Mastercard Visa

Signature _____ Date: _____

I would like my gift to support: (Please select one fund)

- Progressive Care Unit
- Nursing Excellence
- Emergency Care Services
- Cancer Services
- Greatest Need
- Other _____

Please fill out all fields below.

Name _____

Home Address _____

Employee ID Number _____ Department _____

Work Extension _____ Alternate Phone # _____

E-mail Address _____

For recognition purposes, please list my name as: _____

Please send the completed form to BreeAnn Shaver in the Foundation Office via US Mail, interoffice mail, email to breeann.shaver@stjoe.org or fax to 714-347-7555. Any questions, please contact BreeAnn Shaver at 714-347-7900 or breeann.shaver@stjoe.org

Thank you for your pledge for which you have received no goods or services in return. All gifts to St. Joseph Hospital Foundation are used to benefit the patients of St. Joseph Hospital and may be tax-deductible. Please consult your tax advisor. This commitment to give can be changed or canceled at any time by contacting the St. Joseph Hospital Foundation at 714-347-7900.