

# Providence St. Joseph Hospital Employee Giving Mission Makers Pledge of Support

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 (Make payable to Providence 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
- \_\_\_ Helen Caloggero Women's and Family Center
- \_\_\_ Caregiver Wellness
- \_\_\_ Nursing Center of Excellence
- \_\_\_ Emergency Care Services
- \_\_\_ Cancer Services
- \_\_\_ Greatest Need
- \_\_\_ Other \_\_\_\_\_

Please fill out all fields below.

Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Employee ID Number \_\_\_\_\_ Department \_\_\_\_\_

Work Extension \_\_\_\_\_ Home or Cell Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

For recognition purposes, please list my name as: \_\_\_\_\_

**Please send the completed form to the Foundation Office  
via interoffice mail or email to [sjofoundation@providence.org](mailto:sjofoundation@providence.org).**

If you have any questions, please contact 714-347-7900 or [sjofoundation@providence.org](mailto:sjofoundation@providence.org)

*Thank you for your pledge for which you have received no goods or services in return. All gifts to Providence St. Joseph Hospital Foundation are used to benefit the patients of Providence 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 Providence St. Joseph Hospital Foundation at 714-347-7900.*