

Providence St. Joseph Hospital Employee Giving Program
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 Discover
Signature _____ Date: _____
- I currently have a recurring donation. Please include me in the 2023 Mission Makers program.

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

- Progressive Care Unit
- Helen Caloggero Women's and Family Center
- Women's Services
- Caregiver Wellness
- Other _____
- Nursing Center of Excellence
- Emergency Care Services
- Cancer Services
- Greatest Need

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.**

If you have any questions, please contact 657-598-2011 or elizabethh.hofeldt@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.