

SAINT FRANCIS *Care*
Employee Spirit of Giving Program

Name: _____ Employee ID Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Department Name: _____ Department ID Number: _____

Signature: _____ **Date:** _____
(Required to process form)

Name as it should appear for recognition: _____

- I prefer my gift to be anonymous. As a result, I understand that this will exclude me from all recognition, including name listings and any employee giving plaque.

ALL unrestricted contributions to this year's initiative will support the following three Employee funds: Employee Children's Scholarship, Employee Emergency Loan and Community Outreach Activities.

Payroll Deduction

Samples of Annual Contributions Through Weekly Payroll Deduction (based on 52 weeks per year)

\$1.00 per week = \$52 annually	\$9.62 per week = \$500 annually
\$1.92 per week = \$100 annually	\$14.42 per week = \$750 annually
\$4.81 per week = \$250 annually	\$19.23 per week = \$1,000 annually

- I authorize my PAYROLL DEDUCTION of \$ _____ per pay period to begin immediately. I understand that my payroll deduction will rollover from year to year unless the Foundation Office hears differently from me.

Alternate Contribution Options To This Year's Program

- My CHECK (payable to: Saint Francis Foundation) in the amount of \$ _____ is enclosed.
- I authorize a one-time charge of \$ _____ to the following CREDIT CARD:
- VISA MasterCard Discover American Express

Card Number: _____ Exp. Date: _____

Security Code (3-digit number on back of card / 4-digit number above account number on front of AmEx): _____

Signature (Required for Credit Card Transaction): _____

Easy Ways To Submit Your Completed & Signed Pledge Form:

- Mail** to: Saint Francis Foundation • 95 Woodland Street • Hartford, CT 06105
- Inter-Office **Mail**: Foundation Office, Department Number 11200
- Fax*** to the Foundation Office: 714-8069
*Payroll deduction and credit card options only.
- Visit the Foundation Office **in-person**.

All gifts are tax deductible as provided by law. Please consider making your gift through payroll deduction. Your level of support is welcome and appreciated.

For questions or to learn more about the Employee Spirit of Giving Program, please contact Joel Hershberger in the Foundation Office at 714-1535 or jhershbe@stfranciscare.org.

Thank you for your generous support of our Hospital!