

got spirit?

“Spirit of Giving” Donation Form

saintfrancisdonor.com or 860-205-0565

STEP 1: Colleague Information

Name: _____

Colleague ID #: _____

Phone: _____

Email - w: _____

Email - h: _____

Department: _____

Employer: Saint Francis Mount Sinai

Trinity Health Of NE

Trinity Health - Livonia

Shift: 1st 2nd 3rd

I want my gift to honor a Colleague:

Name: _____

Department: _____

STEP 2: Designation *(select one)*

- Greatest Area of Need
- Colleague Fund -Emergency Loan, Children’s Scholarship and Outreach
- Joan C. Dauber Food Pantry
- Nursing Education
- Trinity Health Of New England Assistance Fund
- Specific area of care: _____

STEP 3: Contribution

Payroll Deduction

- Per paycheck (every two weeks):
 \$20 \$10 \$4 \$2 Other: _____

- Onetime Deduction:
 \$500 \$250 \$100 \$50 Other: _____

- Change** my current deduction per pay check (every two weeks) as of _____ (Date) to \$ _____

I understand deductions will rollover year to year unless I notify the Foundation at 860-714-4900.

- Cash or Check** \$ _____
*Payable to **Saint Francis Foundation***

- Credit Card:** \$ _____

Credit Card #: _____

CVV Code: _____ Exp. Date: _____

STEP 4: Appreciation Gift

Gifts of \$100 or more receive a hospital specific “got spirit?” long-sleeve unisex t-shirt.

- Small Medium Large X-Large 2XL 3XL no gift thank you

STEP 5: Submit - Saint Francis Foundation, 95 Woodland Street, 2nd Floor Hartford, CT 06105

Signature *(required)*: _____ Date: _____

- I am interested in including the hospital in my will or life insurance. Please contact me.
- I wish to remain anonymous on any publication of donors.