

# got spirit?

## “Spirit of Giving” Donation Form

saintfrancisdonor.com or 860-714-4900

### STEP 1: Colleague Information

Name: \_\_\_\_\_

Colleague ID #: \_\_\_\_\_

Phone: \_\_\_\_\_

Email - w: \_\_\_\_\_

Email - h: \_\_\_\_\_

Department: \_\_\_\_\_

Shift:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

I want my gift to honor a Colleague:

Name: \_\_\_\_\_

Department: \_\_\_\_\_

### STEP 2: Designation *(select one)*

- Greatest Area of Need
- Colleague Fund
- Joan C. Dauber Food Pantry
- Nursing Education
- 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 “got spirit?” long-sleeve t-shirt. Men’s \_\_\_\_\_ Ladies \_\_\_\_\_

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

### STEP 5: Submit - Saint Francis Foundation – [foundation@trinityhealthofne.org](mailto:foundation@trinityhealthofne.org)

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.

Updated 2021