

# got spirit?

## "Spirit of Giving" Donation Form

foundation@trinityhealthofne.org or  
860-714-4900

### STEP 1: Colleague Information

Name: \_\_\_\_\_  
Colleague ID #: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email - w: \_\_\_\_\_  
Email - h: \_\_\_\_\_  
Department: \_\_\_\_\_  
Paid by Livonia: \_\_\_\_Yes \_\_\_\_No

### 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 #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

### STEP 4: Appreciation Gift

Gifts of \$100 or more receive a "got spirit?" 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

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 2025