

got spirit?

“Spirit of Giving” Donation Form

saintfrancisdonor.com or 860-714-5174

STEP 1: Colleague Information

Name: _____

Colleague ID #: _____

Phone: _____

Email: _____

Department: _____

Employer: Saint Francis Mount Sinai
 Johnson Memorial Trinity Health Of NE
 Trinity Health - Livonia

Shift: _____

I want my gift to honor a colleague:

Name: _____

Department: _____

STEP 2: Designation

- Greatest area of need
- Hope & Healing Campaign
- Colleague Fund
(Children's Scholarships, Food Bank, Emergency Assistance & Community Outreach)
- Nursing Education Fund
- Regional Saint John's Bible Ministry Program
- Trinity Health Of New England Assistance Fund
- Specific area of care: _____

STEP 3: Contribution

Payroll Deduction

Per pay check (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 \$ _____

Cash or Check \$ _____
Payable to Saint Francis Foundation

Credit Card: \$ _____

Credit Card #: _____

CVV Code: _____ Exp. Date: _____

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

STEP 4: Appreciation Gift

Gifts of \$100 or more receive a hospital specific “got spirit?” 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.

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