Connecting the Means to the Mission

St. Francis Hospital & Health Centers Employee Campaign

Gift Recognition *(choose one)*:

❍ ***1914 Charter Club —***
Recognizing gifts of one hour of pay (or PTO) per pay period for at least one year
I would like my gift to continue: ❍ **Until Further Notice** ❍ **For One Year**
I would like to pay my gift: ❍ **PTO** _____ *hour (s) per pay period* ❍ **Pay $** _____ *per pay period*

❍ ***The St. Francis Society —***
Recognizing one time or multi-year gifts and pledges of $10,000 or more
I would like to pay my gift: ❍ **Pay $38.46** *per pay period* ❍ **PTO** _____ *hour (s) per pay period*
(PTO gift $ equivalent must be greater than $38.46 per pay period)

❍ ***Annual Giving Levels —***
Recognizing annual gifts and pledges up to $1,000
I would like to pay my gift to continue: ❍ **Until Further Notice** ❍ **For One Year**
I would like to pay my gift: ❍ **Pay $** _____ *per pay period x 26 =* **$**_____

❍ **Patron's Circle — $1 - $49**
❍ **Circle of Friends — $50 - $99**
❍ **Partner's Circle — $100 - $249**
❍ **Benefactor's Circle — $250 - $499**
❍ **Leader's Circle — $500 - $999**

❍ **One Time Gift of $**_____
I would like to pay my gift : ❍ **PTO** _____ *hour (s)* ❍ **Pay $** _____

Method of Payment *(choose one)*:

❍ **Check enclosed** *(payable to St. Francis Healthcare Foundation)*
❍ **Charge my credit card:** ❍ **Visa** ❍ **MasterCard** ❍ **Discover** ❍ **American Express**
Account #: _____ **Exp. Date:** _____
I would like to designate my gift to: ❍ **Where the need is greatest**
❍ **Hospice House** ❍ **Other** _____

Contact Information:

Today's Date: _____ **Employee ID #:** _____ **Dept./Campus:** _____

Print Name: _____
Last *First* *M.I.* *Suffix*

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: *(home)* _____ *(business)* _____ **Email:** _____

Optional: Date of Birth: _____ **Spouse Name:** _____

Signature: _____

Print Name: *(exactly as you would like to be recognized)* _____