



Pledge of Support

Give online:
mission4health.com/caregivingcampaign

Please select your campus:

- Laguna Beach Mission Viejo
- Other _____

1

Name (Will appear on Employee Giving Wall. If you prefer to be anonymous, please check this box Anonymous)

Employee ID#

Department

Home Address (Home address needed for tax receipt letter)

City

Zip Code

Email

Birthday (Month/Day)

Work Phone

Cell/Home Phone

2 I would like my gift to support: (Please select only one fund)

- | | | |
|---|---|---|
| <input type="checkbox"/> Area of Greatest Need | Clinical Institutes: | <input type="checkbox"/> Neuroscience |
| <input type="checkbox"/> Employee Assistance Fund | <input type="checkbox"/> Cancer | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Nursing Education | <input type="checkbox"/> Heart and Vascular | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Mental Health and Wellness | <input type="checkbox"/> Women's and Infant's |

3 Choose payment option and sign:

- I would like to increase my pledge from 2017. The new amount is \$ _____ per pay period.
- \$ _____ recurring payroll deduction per pay period
(Your pledge will continue until you notify the foundation to stop deductions).
- \$ _____ my one-time gift enclosed.
 - Cash Check (Please make check payable to *Mission Hospital Foundation*) Payroll deduction (Min. \$25)
 - Credit Card Number: _____ Exp.: _____ CSV: _____
 - American Express Mastercard Visa

Signature

Date

I have included or plan to include the hospital in my estate plan.

THANK YOU FOR YOUR SPIRIT OF GIVING!

Please return your form to the foundation office (MOB 2, Suite 330) or via fax (949) 364-7750 or via email missionfoundation@stjoe.org. You may also make your gift online at mission4health.com/caregivingcampaign.

If you prefer not to receive fundraising mail or event invitations from this ministry, please call us at (949) 364-7783 or check this box and return this form.