

Employee Partners

Please sign me up for the following payroll deduction program:

- 90-Minute Plan: The equivalent of 90 minutes of pay for each pay period for the next three years
- 60-Minute Plan: The equivalent of 60 minutes of pay for each pay period for the next three years
- 30-Minute Plan: The equivalent of 30 minutes of pay for each pay period for the next three years
- My Plan \$ _____: I wish to donate this amount for each pay period for the next three years. (\$5 minimum)
- One-time Contribution \$ _____: (\$5 minimum for payroll deduction)

Your gift will be deducted directly from your paycheck.

Please direct my gift to

- Care for the Poor Endowment
- Investing In A Healthy Tomorrow Comprehensive Campaign
- Emergency Care Services
- Greatest Need
- Other _____

Signature _____

Please fill out all fields below.

Name _____

Home Address _____

Employee ID number _____ Department _____

Cost Center _____

Work Extension _____ Alternate Phone # _____

E-mail Address _____

For recognition purposes, please list my name as: _____

Please send the completed form to the Foundation Office via interoffice mail or fax to (714) 347-7555.
Any questions, please contact Laura Paulsen at (714) 347-7900 or laura.paulsen@stjoe.org

*Thank you for your pledge for which you have received no goods or services in return.
All gifts to St. Joseph Hospital Foundation are used to benefit the patients of St. Joseph Hospital and may be tax-deductible. Please consult your tax advisor. This commitment to give can be changed or canceled at any time by contacting the St. Joseph Hospital Foundation at (714) 347-7900.*