

# Pledge of Support - Employee Partners

Please choose payment option and sign:

- \$ \_\_\_\_\_ recurring payroll deduction per pay period. (Your pledge will continue until you notify the foundation to stop deductions.)
- I would like to increase my current recurring pledge. The new amount is \$ \_\_\_\_\_ per pay period. (Your pledge amount will continue until you notify the foundation to stop deductions.) **If you would like to change the fund designation of your current pledge, please select the new fund below.**
- I would like to make a One-Time gift of \$ \_\_\_\_\_.  
\_\_\_\_ Payroll Deduction (min. \$10) \_\_\_\_ Check enclosed (Please make checks payable to St. Joseph Hospital Foundation)  
\_\_\_\_ Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_  
**Circle One:**                      American Express                      Mastercard                      Visa
- Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

- Care for the Poor Endowment
- Nursing Excellence
- Emergency Care Services
- Cancer Services
- Greatest Need
- Other \_\_\_\_\_

Please fill out all fields below.

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Employee ID number \_\_\_\_\_ Department \_\_\_\_\_

Cost Center (if known) \_\_\_\_\_

Work Extension \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

For recognition purposes, please list my name as: \_\_\_\_\_

**Please send the completed form to BreeAnn Shaver in the Foundation Office via US Mail, interoffice mail, email to [breeann.shaver@stjoe.org](mailto:breeann.shaver@stjoe.org) or fax to 714-347-7555. Any questions, please contact BreeAnn Shaver at 714-347-7900 or [breeann.shaver@stjoe.org](mailto:breeann.shaver@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.*