

## DONOR COMMITMENT FORM

I want to support the Roper St. Francis mission of *healing all people with compassion, faith and excellence* with a gift to the Roper St. Francis Foundation.

### Donor Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name(s) for publication \_\_\_\_\_

I wish to contribute anonymously. Please do not list my name in publications.

Please send me information about including Roper St. Francis in my estate plans.

### Method of Giving

#### Pledge

I am making a pledge of \$ \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

Amount Due \$ \_\_\_\_\_

Payments Beginning On \_\_\_\_\_

Payments Ending On \_\_\_\_\_

#### Check

I have enclosed a \_\_\_\_\_ check payable to the *Roper St. Francis Foundation*.

#### Credit Card

Please charge a gift of \$ \_\_\_\_\_ to my credit card.

Visa

MasterCard

Discover

AMEX

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Billing Address, if different from address above \_\_\_\_\_

#### Online

Donate easily and securely online at [www.rsfhfoundation.org/donate](http://www.rsfhfoundation.org/donate)

A matching gift will be made by \_\_\_\_\_

*A matching gift by your employer can increase the impact of your gift.*

#### Honor/Memorial

My gift is in honor of \_\_\_\_\_

Send notification of my gift to \_\_\_\_\_

*Full name and address*

#### Gift Designation

Cancer Wellness Endowment

Area of Greatest Need

Cancer Care

Stroke Care

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this completed form to the Roper St. Francis Foundation. The Roper St. Francis Foundation is a 501(c)(3) (ID #57-1068509). Thank you for your support!**

*Your legacy shapes our future. Learn more at [www.rsfhfoundation.plannedgiving.org](http://www.rsfhfoundation.plannedgiving.org).*