

## RSFH GIVES! CAMPAIGN DONOR COMMITMENT FORM

### Donor Information

Name \_\_\_\_\_ Employee # \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Name(s) for publication \_\_\_\_\_

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

### Method of Giving

#### Check

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

#### Credit Card

Please charge a **one-time** gift of \$ \_\_\_\_\_ to my credit card.

Please charge \$ \_\_\_\_\_ **monthly** on the 5<sup>th</sup> until otherwise notified.

Visa

MasterCard

Discover

AMEX

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

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

#### Online

Visit [www.rsfhfoundation.org/employeeegiving](http://www.rsfhfoundation.org/employeeegiving) to make your gift online.

#### Payroll and PTO Deduction

You may enroll in 2019 payroll deductions and PTO donations by visiting your myHR on CareLine between August 27-October 1, 2018.

### Gift Designation

Nursing Scholarship Program

Teammate Emergency Fund

Area of Greatest Need

Cancer Care

Patient Assistance Fund

Stroke Navigator Endowment

Other \_\_\_\_\_

### Honor / Memorial

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

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

*Name and address*

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).*