

EMPLOYEE GIVING 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 5th until otherwise notified.

Visa

MasterCard

Discover

AMEX

Card Number _____ Exp. Date _____

Online

Visit www.rsfhfoundation.org/employeeegiving to make your gift online.

Payroll and PTO Deduction

You may pledge payroll and PTO anytime between March 1 and April 11, 2014 by visiting your Employee Portal on CareLine.

Gift Designation

Employee Emergency Fund

Nursing Scholarship Program

Area of Greatest Need

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.