

2023 RSFH GIVES! CAMPAIGN PLEDGE FORM

I Wish to Support the Following

Help Roper St. Francis Healthcare

Your gift will strengthen our ability to provide innovative and compassionate care.

One-time Payroll Deduction in January 2024 in the amount of \$ _____

Payroll Deduction of \$ _____ per pay period for _____ pay periods for a total of \$ _____. (26 pay periods = 1 year) Deductions start in January 2024.

PTO Hours – indicate number of hours _____ (Deduction will occur in February 2024.)

Personal Check in the amount of \$ _____ payable to Roper St. Francis Foundation.

Credit Card gift of \$ _____

(check one): Visa Master Card American Express Discover

Card Number _____ Exp. Date _____

Card ID # (CVV) _____ Name on Card _____ Billing Zip Code _____

I cannot make a pledge at this time but will be a champion for the RSFH Gives! Campaign. Champions will receive a small token of our appreciation.

Gift Designation

Greer Clinic

Where the Need
is Greatest

Teammate
Emergency Fund

Nursing
Scholarship Fund

Cancer Center

\$50 Minimum Pledge

With a pledge of \$50 or more, you will receive a link to select a RSFH Gives! T-shirt or Tervis Cup through our online store. The selected item will be delivered to your chosen address:

How would you like your name listed for publications _____

I wish to contribute anonymously.

Employee Number _____

SIGNATURE _____

* This contribution will continue unless revoked or modified by the donor.

Help Trident United Way

- One-time Payroll Deduction in January 2024 in the amount of \$_____.
 - Payroll Deduction of \$_____ per pay period for _____ pay periods for a total of \$_____. (26 pay periods = 1 year) Deductions start in January 2024.
 - PTO Hours – indicate number of hours _____ (Deduction will occur in February 2024)
 - Personal Check in the amount of \$_____ payable to Trident United Way. Check #_____
 - Credit Card gift of \$_____
- Please request credit card form. Trident United Way will bill you.
- \$50 annual minimum

Gift Designation

- Yes, I want to contribute to the area of greatest need**, which strengthens the Tri-County by focusing on the building blocks of a good life: education, financial stability and health

OR

Give to a Specific Impact Area

- EDUCATION** **FINANCIAL STABILITY** **HEALTH**

- I do not want to contribute to Trident United Way or the Roper St. Francis Foundation.**

Instead, I would like to self-select to a specific 501(c)(3) charity or charities. (There is a \$50 annual minimum per designation. Processing fees apply.)

Name of Agency _____

Tax ID _____ Website _____

Full Address _____

- I authorize Trident United Way to provide my name, address, email and gift amount to my designated agency.
- I choose not to participate.

SIGNATURE _____

No goods or services were provided in exchange for this donation.

*This contribution will continue unless revoked or modified by donor.