

# 2020 ROPER ST. FRANCIS 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.

Continuous Payroll Deduction of \$ \_\_\_\_\_ per pay period until I ask you to change or discontinue.\*

Continuous One Time Payroll Deduction of \$ \_\_\_\_\_ until I ask you to change or discontinue.\*

Payroll Deduction of \$ \_\_\_\_\_ per pay period for \_\_\_\_\_ pay periods = \$ \_\_\_\_\_  
(26 pay periods = 1 year) Deductions start January 2021.

One Time Payroll Deduction in January 2021 in the amount of \$ \_\_\_\_\_.

PTO Hours – indicate number of hours \_\_\_\_\_ (Deduction will occur in February 2021.)

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 \_\_\_\_\_

### Gift Designation

Where the Need is Greatest

Teammate Emergency Fund

Nursing Scholarships

Other \_\_\_\_\_

How would you like your name listed for publications \_\_\_\_\_

I wish to contribute anonymously.

T-shirt size \_\_\_\_\_

Location to send your t-shirt inner-office mail \_\_\_\_\_

**Signature** \_\_\_\_\_

Employee Number \_\_\_\_\_

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



**Help Trident United Way**

- Continuous Payroll Deduction of \$ \_\_\_\_\_ per pay period until I ask you to change or discontinue.\*
- Continuous One Time Payroll Deduction of \$ \_\_\_\_\_ until I ask you to change or discontinue. \*
- Payroll Deduction of \$ \_\_\_\_\_ per pay period for \_\_\_\_\_ pay periods = \$ \_\_\_\_\_.  
(26 pay periods = 1 year) Deductions start January 2021.
- One Time Payroll Deduction in January 2021 in the amount of \$ \_\_\_\_\_.
- PTO Hours – indicate number of hours \_\_\_\_\_ (Deduction will occur in February 2021)
- Cash gift of \$ \_\_\_\_\_
- 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** \_\_\_\_\_

Employee Number \_\_\_\_\_

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

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