

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 _____

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/memory of _____

Send notification of my gift to _____

Full name and address

Gift Designation

Greatest Need Patient Assistance Fund
 Cancer Care Greer Transitions Clinic
 Nursing Scholarship Program Other _____

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.rsffoundation.plannedgiving.org.