



Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Department \_\_\_\_\_

Phone \_\_\_\_\_ Lawson ID No. \_\_\_\_\_

**I authorize St. Joseph's Medical Center to deduct the following amount from my pay as my contribution to the Foundation - SPIRIT Club:**

\$2.00/pay period    \$4.00/pay period    \$8.00/pay period    Other \$\_\_\_\_\_/pay period   I would like to increase my current SPIRIT Club donation to \$\_\_\_\_\_/pay period

**I would consider volunteering to help with the following projects:**

- Warm Coat and Blanket Drive    Adopt-a-Child    Easter Basket Drive    Career Clothing Drive    Backpack & School Supply Drive
- Booster Events (i.e. Hot Cocoa Day, Root Beer Float Day)    Other \_\_\_\_\_

Referred by: \_\_\_\_\_ Department \_\_\_\_\_

Your signature: \_\_\_\_\_ Date \_\_\_\_\_

*I understand that I may revoke this authorization at any time by notifying the Foundation in writing.*

Return completed form to St. Joseph's Foundation, located on the first floor of the Medical Center across from Administration.  
You may also email the form to SupportSJMC@DignityHealth.org, or fax to (209) 461-6893. Call (209) 467-6347 with questions.



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