

iGive

April 22 - May 10, 2019

CIRCLE OF FRIENDS EMPLOYEE GIVING CAMPAIGN

Yes, I wish to participate in Circle of Friends.

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Department: _____

E-mail: _____

Ways to Give

Pledge through automatic payroll deduction:

Healing Hour Club: Enroll me in the Healing Hour Club!

My gift of ____ hour(s) of PTO regular pay
per pay period will be automatically calculated and
deducted from each paycheck.

Automatic Payroll Deduction:

I gift \$ _____ per pay period.

I gift \$ _____ one-time deduction.

Paid Time Off (one-time) Donation:

I gift _____ hours of accrued vacation time.

*Note: An employee must have a minimum of 80 hours in their PTO
account to make this election.*

Cash/Check Donation: \$ _____ enclosed.

Credit Card Donation: \$ _____. Please charge my:

Visa MC Discover Amex

Annually Monthly One-Time

Name as it appears on card:

Card Number: _____

Exp. Date _____ CVV Code _____

Gift Designation

Please select from the following (maximum of two):

- Current Priority - Cancer Center "Radiating Hope"**
- Heart Center
- Women & Children's Center
- Behavioral Health Center
- Care for the Poor
- Nurses Society (minimum \$4/pay period)
- Graduate Medical Education/Residency Program

SPIRIT Club

In addition to my gift(s) above, I would like to join St. Joseph's SPIRIT Club. I understand that donations to SPIRIT Club are ongoing and support both community based and Medical Center projects.

I authorize St. Joseph's to deduct the following amount per pay period:

\$2 \$4 \$8 \$10 Other \$ ____

I would like to increase my current SPIRIT Club donation to
\$ ____ per pay period.

Contact us if you are unsure of your current contribution amount.

Signature

All gifts to St. Joseph's Foundation of San Joaquin are tax deductible to the full extent of the law. Gifts by payroll deduction are rolled over annually. You may modify, increase, or stop your gift at any time.

Signature (required): _____

Employee # (required): _____ Date: _____

Please return your completed form to/by:

- Your department Ambassador
- St. Joseph's Foundation *first floor across from Administration*
- Email to SJFSJ@DignityHealth.org
- Fax to 209.461.6893
- Inter-office mail, attn: Foundation

Questions? Call 209.467.6347 or visit StJosephsCares.org/iGive

Thank you for your support!

Give
Hope



Give
Love



Give
Life

