Name



Associate ID (First 8 digits on back of ID badge)

PO Business Unit Department ID

5 digits begins with 460XX 5 digit Cost Center

Home Address

City, State, Zip

Phone E-mail

Name(s) to Appear on Donor Listings

Shirt Size (Provided with gift/pledge of $250+) ❑ Anonymous Gift

**2017 Associates Campaign • April 26 – June 30 • give.stvincent.org/together**

**Designation**

❑ Cardiovascular Research Institute

❑ Associate Financial Assistance Program

❑ William K. Nasser, MD Healthcare Education and Simulation Center

❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contribution**

**I would like to make a:**

❑ **Pledge** of $\_\_\_\_\_\_\_\_\_\_\_\_\_ to be paid over ❑ 1 year ❑ 2 years ❑ 3 years ❑ Other\_\_\_\_\_\_\_\_

(26 pays) (52 pays) (78 pays)

❑  **Payroll Deduction.** Please make deductions of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per pay period. (Minimum of $1/pay period.)

Signature for Payroll Authorization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Deductions will begin 7/21/17.

❑ **Invoice Me**.❑ Monthly ❑ Quarterly ❑ Annually (Invoices will be mailed 1 month prior.)

The first pledge payment ❑ is enclosed ❑ will be paid on \_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_.   
 Date

❑ **Gift** of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

❑ Check (payable to St.Vincent Foundation)

❑ Cash

❑ Credit Card

❑ One-time contribution

❑ Recurring monthly contribution

Name on card

Card # Exp.

Signature

**Honor/Memory**

Please make this gift in ❑ Honor of ❑ Memory of ­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of person to notify (optional)

**Recognition**

❑ I would like to opt out of receiving Campaign gifts.

**• All Donors**  Campaign bracelet

**• $136+ ($5.23 per pay)**  Above, plus Campaign charm

**• $250+ ($9.62 per pay)**  Above, plus Campaign t-shirt (size requests fulfilled in order contributions are received)

**•** **$500+ ($19.23 per pay)** Above, plus St. Vincent lunch bag

**• $1,000+** **($38.46 per pay)** Above, plus Friends of the Foundations benefits, including cafeteria discounts

**Return this form to St.Vincent Foundation, 8402 Harcourt Road, Suite 210, Indianapolis, IN 46260.**

**Visit give.stvincent.org/together to contribute online. Questions? Call (317) 338-2338.**