

**About You**

Name

Home Address, City, State, Zip

Phone E-mail

Associate ID 00 PO Business Unit Department ID

 First 8 digits on back of ID badge 5 digits begins with 460XX 5 digit Cost Center

Name(s) to Appear on Donor Listings ❑ I’m giving anonymously.

❑ **I don’t wish to receive incentive items.**

**Where would you like your gift to go?**

**❑ Indianapolis/Health Project: St. Vincent House ❑ Carmel Project: Associate Education
❑ Fishers Project: Associate Education ❑ Heart Center Project: Center for Cardiovascular Research**
**❑ Health/Heart Center Project: Associate Assistance** **❑ Heart Center Project: Music Ministry**❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How would you like to make your gift?**

❑ **Payroll Deduction\*** of $ \_\_\_\_\_\_\_\_\_\_\_\_\_per pay x’s 26 pays = $\_\_\_\_\_\_\_\_. (Minimum of $1/pay period.) (See grid on reverse for popular gift sizes)

❑ **Payroll Deduction\*** of $ \_\_\_\_\_\_\_\_\_\_\_\_\_one time (Minimum of $15)

**\*Deductions will begin in July, 2019.**

**Cash/Credit Card/Check**:

❑ Check $\_\_\_\_\_\_\_\_\_\_\_. (payable to St. Vincent Foundation)

❑ Cash $\_\_\_\_\_\_\_\_\_\_\_\_.

❑ Credit Card

❑ One-time gift $\_\_\_\_\_\_\_\_\_\_\_\_.

❑ Recurring monthly gift

❑ ($5/month = $60) ❑ ($10/month=$120) ❑ ($25/month = $300) ❑$\_\_\_\_\_/month

Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp.\_\_\_\_\_\_\_\_\_\_\_\_3-digit security code\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_

❑ **Invoice Me (Pledge)** (available for gifts over $1000) In installments of $\_\_\_\_\_\_\_\_❑ Once ❑ Monthly ❑ Bi-Monthly

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

**Thank you!** By signing below, I authorize the Foundation to complete payroll/credit/debit card transactions.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_

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

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

19AC

**Foundation Use Only:**

1X: $ ANON PRD

BiW$ x26 = FUND:

SVH 35-789 PN 35-998 PMCH 35-165

CK# CC Cash

A B C D E F NO