

I WISH TO SUPPORT THE FOLLOWING:

1. **Help St. Joseph's Hospitals** - Your gift will fund Humanity Grants, Team Member Emergency Fund and Team Member Educational Scholarships.

Continuous Payroll Deduction of \$ _____ per pay period until I ask you to change or discontinue

Payroll Deduction of \$ _____ per pay period for _____ pay periods = \$ _____
(26 pay periods = 1 year) Deductions start January 2021

One Time Payroll Deduction in January 2021 in the amount of \$ _____

PTO Hours – indicate number of hours _____ (Deduction will occur in November 2020)

Cash gift of \$ _____ **Personal Check** in the amount of \$ _____ payable to SJH Foundation

Credit Card gift of \$ _____ (check one): Visa Master Card American Express Discover

Card number: _____ Exp. Date: _____

Name on card: _____

2. **Help United Way of Suncoast**

Please select where to designate your United Way gift

St. Joseph's Hospitals General Fund Other _____

Payroll deduction of \$ _____ per pay period for _____ pay periods = \$ _____
(26 pay periods = 1 year) Deductions start January 2021

One Time Payroll Deduction in January 2021 in the amount of \$ _____

Cash gift of \$ _____ **Personal Check** in the amount of \$ _____ payable to United Way

Credit Card gift of \$ _____ (check one): Visa Master Card American Express Discover

Card number: _____ Exp. Date: _____

Name on card: _____

Name: _____ Employee Number: _____

Home address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Signature: _____

Please contact Liz Wells with questions or comments at (813) 872-0979 or liz.wells1@baycare.org.

I choose to remain anonymous for donor recognition

I would like more information about including St. Joseph's Hospitals in my estate plan

I choose not to participate

Return completed pledge form to SJH Foundation Attn: Liz Wells MS3087 or by email, liz.wells1@baycare.org.