

I Wish to Support the Following:

1. **HELP ST. JOSEPH'S HOSPITALS**

Your gift will fund the Team Member Emergency Fund, Humanity Grants, and Educational and Conference 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 2025

One Time Payroll Deduction in January 2025 in the amount of \$ _____

PTO Hours – indicate number of hours _____ (Deduction will occur in November 2024)

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: _____ CVV: _____ Exp. date: _____

Name on card: _____ Phone: _____

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 2025

One Time Payroll Deduction in January 2025 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: _____ CVV: _____ Exp. date: _____

Name on card: _____ Phone: _____

PLEASE FILL OUT THIS SECTION

Name: _____ Employee Number: _____

Signature: _____

Please contact Devin West with questions or comments at (813) 872-0979 or sjhftmg@baycare.org.

I choose to remain anonymous for donor recognition.

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

I choose not to participate.

ONLINE GIVING

Use this
mobile friendly
QR code or via
BayCare Intranet.

