

EMPLOYEE CHARITABLE DONATION FORM



DATE: _____ EMPLOYEE #: _____

EMPLOYEE NAME: _____

DEPARTMENT: _____ EXT. #: _____

HOME MAILING ADDRESS: _____

HOME PHONE: _____ E-MAIL: _____

NAME AS YOU WANT IT TO APPEAR ON ACKNOWLEDGEMENT:

CHARITABLE OPPORTUNITIES

1. <i>Yearly Gift</i>	Total	\$ _____
2. <i>Bricks</i> (\$100/brick; \$25/replica)(See order form on back)	Total	\$ _____
3. <i>Children's Miracle Network Radiothon/Telethon*</i>	Total	\$ _____
4. <i>Comstock Award Dinner</i> (\$100/ticket)	Total	\$ _____
5. <i>Kid for a Night</i> (\$175/ticket)*	Total	\$ _____
TOTAL PAYROLL DEDUCTION		\$ _____

*Proceeds benefit St. Luke's Children's Hospital

WHAT AREA WOULD YOU LIKE TO SUPPORT?

- Patient Assistance
- St. Luke's Heart
- Peds Hospice
- Other _____
- MSTI
- Emergency Dept.
- Nursing Excellence
- Children's Hospital
- Hospice
- Women's Services

HOW WOULD YOU LIKE TO PAY?

(Choose either A. Payroll Deduction, B. Credit Card, or C. Personal Check below)

A. Payroll Deduction

hours per pay period: _____ (1 hour/pay period minimum). Will be continued until you notify Foundation Office
CHOOSE ONE: REGULAR HOURS OR PTO HOURS

OR

Dollars per pay period: \$ _____ (\$10/pay period minimum). Will be continued until you notify Foundation Office.

Start Date: _____ Signature: _____

B. Credit Card

Please bill my: Visa MasterCard American Express Discover

Account # _____ Exp. Date: ____/____/____ Signature _____

C. Personal Check

PLEASE MAKE CHECK PAYABLE TO ST. LUKE'S HEALTH FOUNDATION.

Please return this document to the Foundation Office by interoffice mail or by fax.

If you have any questions, please contact St. Luke's Health Foundation. Phone: 381-2123 Fax: 381-4673

Thank you very much for your gift.

You will receive an annual summary receipt for IRS purposes after the last pay period in December.

(See brick order form on back)

Engraved Brick Purchase

EMPLOYEE NAME: _____ EMPLOYEE #: _____
DEPARTMENT: _____ EXT. #: _____
HOME MAILING ADDRESS: _____
HOME PHONE: _____ E-MAIL: _____

Inscription Guidelines:

- 16 characters per line, including spaces and punctuation marks. You may use any symbol on a standard computer keyboard.
 - Inscriptions will communicate non-commercial messages only. Company names can be used. Phone numbers, e-mail and web addresses, slogans, sales pitches, and logos cannot be used. **We cannot guarantee location of your brick.**
 - Please print using one letter, symbol, or space per box.
 - St. Luke's reserves the right to approve all text prior to production. You will receive a confirmation letter in 2-3 weeks to review the imprint as it will appear on your brick.
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Number of Bricks:

Engraved Brick(s) _____ X \$100 each = \$ _____
Replica Brick(s) _____ X \$25 each = \$ _____ *(Replica offered at reduced price for St. Luke's staff only.)*
Replica brick(s) ships in 6-8 weeks.

GRAND TOTAL \$ _____

Ship Replica To:

Name: _____
Address (*Cannot ship to PO Box*): _____
City/State/Zip: _____
Daytime Phone: _____ E-mail: _____

My Brick Should be Inscribed as Follows:

Line 1:

T T T T T T T T T T T T T T T T

Line 2:

T T T T T T T T T T T T T T T T

Line 3:

T T T T T T T T T T T T T T T T

**We are unable to accommodate requests for refunds; thank you for your understanding.*
Please send your order form to the Health Foundation office by interoffice mail or fax it to 381-4673.

Thank you very much for your gift!