



## Associate Foundation Contribution Form

Associate Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name(s) to appear in donor listings as: \_\_\_\_\_

Please make my gift anonymous.

### Please use my tax-deductible gift to the St.Vincent Foundation to benefit:

St.Vincent Greatest Needs

Other St.Vincent program \_\_\_\_\_

### Please choose one of the payment options below:

This is a Gift of \$ \_\_\_\_\_ to be made by:

**Check** (make payable to St.Vincent Foundation)

One-time **Credit Card** donation (MC, VISA, AmEx, Discover)

Recurring monthly **Credit Card** donation (\$ \_\_\_\_\_ monthly)

*(You may change or cancel your recurring gift at any time.)*

Credit card information (MC, VISA, AmEx, Discover):

Name as listed on card \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_

This is a Pledge of \$ \_\_\_\_\_ .

**Please Bill Me**

I wish to make pledge payments of \$ \_\_\_\_\_.  monthly  quarterly  annually

My first payment of \$ \_\_\_\_\_ is enclosed. *(optional)*

**Payroll Deduction**

*(Example: \$500 pledge = \$19.24 per pay period over 26 pay periods)*

Amount per pay period: \$ \_\_\_\_\_

Number of pay periods \_\_\_\_\_ *(There are 26 pays per year.)*

Employee ID: \_\_\_\_\_ (ID is the first 8 digits on the back of associate ID below name)

Business Unit: \_\_\_\_\_ (Business Unit is 5 digits and begins with 460XX)

Signature for payroll deduction authorization \_\_\_\_\_

### Tribute:

This gift is in (select one)  memory  honor of: Name \_\_\_\_\_

Please notify: \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Thank you!** Please return this form to the St.Vincent Foundation, 8402 Harcourt Road, Suite 210, Indianapolis, IN 46260 or fax to 317-338-2171. You may also make an online contribution at [give.stvincent.org](http://give.stvincent.org).