Catch the Spírít of Giving	**LETTER OF IN	TENT**		osephHealth	
<b>Thank you for agreeing to support</b> <b>St. Mary Foundation's MEN WHO COOK 2015!</b> <i>Proceeds will benefit St. Joseph Health, St. Mary. Tax deductible portion is \$10.00 per ticket.</i>					
Total Amount of Pledge/Sponsorship: <u>\$</u>					
Description of Pledge (sponsorship, tickets, donated item, etc.):					
This pledge will be paid over month(s) / year(s) beginning					
	vill be made in equal amounts	_	_		
One-Time Only Bi-Month	ıly Monthly	Quarterly	Bi-Annu	ally Annually	
Payment Method: Cash	Check (Please make check(s	) payable to <u>St. Ma</u>	ry Medical C	enter Foundation)	
Credit Card:		MasterCard	DISCOVE	R	
Credit Card Number	3-	4 Security #	Exp. Date		
For your convenience, donation	ons can also be made online a	it: www.stmaryaj	oplevalley.co	m/foundation	
Name (please print)	Title		Date		
Signature	Telephone Numbe	r	Fax Number		
Business Name		E-Mail Address			
Mailing Address	City		State	Zip Code	
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	ain anonymous. Please do not incl	_			
Your contribution is tax deductible to the ex consult your personal financial or legal advi			pecific tax qu	iestions, we advise you to	
**This pledge to St. Mary Found	ation was made in good faith	and may be chang	ged or cance	led at any time.**	
For more information, please conta Direct (760) 946-8167 • Fax (760) 946-889	95 • E-Mail: jacqueline.morgan	@stjoe.org • Office	e Hours: <u>Mo</u>	nFri. 8:00 am – 4:30 pm	
If you would prefer not to receive fundraising mail or	event invitations from this ministry, plea Foundation will remove your name from		97 or email <u>jacque</u>	<u>line.morgan(@stjoe.org</u> and the	