Now more than ever...

Affinity Health System

EMPLOYEE DONATION FORM

☐ **Yes, I want to support the mission of St. Elizabeth Hospital Foundation**

(Supporting Affinity's Northern Region including St. Elizabeth Hospital, Calumet Medical Center and their supporting Affinity Medical Group clinics)

☐ **Please accept my gift in the amount of:**

○ $25 ○ $50 ○ $100 ○ $250 ○ $500 ○ $1,000 ○ $_____

Please direct my gift to:

○ Calumet Medical Center
○ Heart & Lung Fund
○ Women & Families Fund
○ Cancer Fund
○ Needs of the Poor and Underserved Fund
○ Where the Need is Greatest (unrestricted)
○ Other_____ *(Name of fund)*

In memory/honor of: _____

☐ Please list me/us in any recognition materials as: _____
☐ I would like to remain anonymous.
☐ I/we have included the St. Elizabeth Hospital Foundation in my/our will.
☐ Please send information about gifts that I provide income to the donor.
☐ My spouse's employer has a matching gift program, please call me to discuss.

I will make my gift by:

○ **Payroll Deduction** — Please deduct $_____ per pay period for _____ pay periods. *(minimum $26 payroll deduction)*

○ **Check** — Please make payable to **St. Elizabeth Hospital Foundation**

○ **Credit Card** — Please process my charge payment(s) of: $_____
☐ one-time ☐ monthly ☐ quarterly ☐ annually
Start date: _____/_____/_____ ☐ VISA ☐ MasterCard ☐ Discover ☐ AmEx
Card #_____-_____-_____-_____ Exp. Date:_____

○ **Pledge** — Please bill me payment(s) of: $_____
☐ one-time ☐ monthly ☐ quarterly ☐ annually
Start date: _____/_____/_____ for internal purposes only

○ **Cash**

Name(s) _____

Address_____ City_____ State_____ Zip _____

E-mail_____ Phone _____

Signature Required: _____ **Date:** _____

Information provided to St. Elizabeth Hospital Foundation is kept in the strictest of confidence. Please contact us at (920) 831-1475, or write us at 1506 S. Oneida St., Appleton, WI 54915, if you wish to have your name removed from future fundraising requests. Upon notification, all reasonable effort will be taken to adhere to your wishes. **All gifts to St. Elizabeth Hospital Foundation are tax deductible to the extent permitted by law.**

Thank you for your generosity.

Please return form to:
St. Elizabeth Hospital Foundation
1506 S. Oneida St. | Appleton, WI 54915-1397

www.affinityhealth.org/STEFoundation