

DONOR INFORMATION					
Name	Employee # (not SS)				
Department	Date of Birth (MM/DD) Ext				
Home Address (For tax receipt)					
City, State, Zip					
How would you like your name to be listed on t	he Empl	oyee Donor Wall a	nd Annual Report?		
		☐ I prefer to	remain anonymous		
WHERE I'D LIKE MY GIFT TO GO:					
 Colleague Choice Fund Colleague Benevolent Fund (formerly EBF) Learning Together Colleague Education Fund Unrestricted – Caring for St. Tammany 					
*If no fund is selected, your gift will be applied to Unrestricted — Caring for St. Tammany.					
HOW I'D LIKE TO MAKE MY GIFT					
Payroll Deduction	_	Cash/Cl	heck/Credit		
Recurring Gift:		Cash Amount \$			

Payroll Deduction				
BEST OPTION!	☐ Recurring Gift:			
	I want to give: \$\Bigsigms \\$5 \Bigsigms \\$10 \Bigsigms \\$20 \Bigsigms \text{Other: \$\sum_{\text{order}}}\$ per pay period until I notify the Foundation to change or stop. - OR -			
	□ Pledge Gift:			
	My total pledge amount: \$			
	I want to spread this pledge over a total of pay periods.			
	Examples: > \$10 for a total of 26 pay periods (\$260 total) > \$50 for a total of 6 pay periods (\$300 total)			
	*Whole dollar figures only.			

☐ Cash Amount \$	
☐ Check (payable to STHF) Amount \$	
☐ Credit Card: ☐ Visa ☐ MasterCard ☐ Discover ☐ Amex	
☐ Visa ☐ MasterCard 🚜 😘	ouls
☐ Discover ☐ Amex	a make
Amount: \$\Bigsize\$ \$50 \$\Bigsize\$ \$100 \$\Bigsize\$ \$250 \$\Bigsize\$ Other: \$\Bigsize\$	حادو/
☐ I want to make this a recurring monthly gift	
Card #:	
Exp. Date: /	
Security Code:	
Name on Card:	

Employee Pathway Bricks – Minimum gifts required for bricks are \$100, \$250, or \$500, depending on size of the brick and amount of text you'd like engraved. Keep this in mind when making your pledge! See reverse for details, and to fill out your brick form.

It is understood that this pledge is not legally binding. However, it is viewed as a strong commitment that is intended to be kept. My gift to this campaign is tax-deductible to the full extent of the law.

Signature Date

EMPLOYEE PATHWAY BRICKS

Employees with an existing <u>Recurring Gift</u> (of at least \$100 total) who wish to receive a brick do not need to complete the front side of this form.

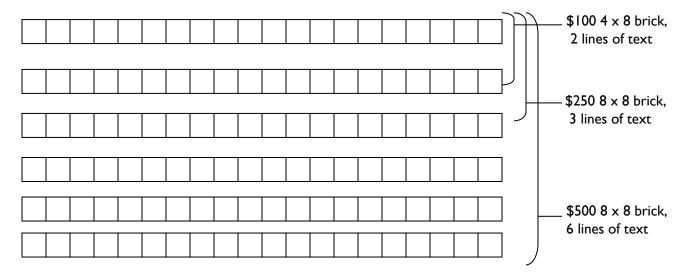
Name:	Employee #:

Your donation to the 2024 Employee Campaign may allow you to receive an Employee Pathway brick. These personalized bricks are located on the Employee Walkway near the reflection pool at the front entry of hospital. A minimum of \$100 must be donated in this year's campaign to receive a brick.

```
$100 donation -4 \times 8 Brick with up to two lines of engraving $250 donation -8 \times 8 Brick with up to three lines of engraving $500 donation -8 \times 8 Brick with up to six lines of engraving
```

Up to 20 characters/spaces per line in Lower Case (with capitalization of 1st letter in a word)

-OR- Up to 16 characters/spaces per line in <u>UPPER CASE</u>



YOUR EMPLOYEE CAMPAIGN

The Impact

STHS colleagues, volunteers and physicians are the heart and soul of our health system. Every day you give 100 percent by providing the best care possible to our community. We ask that you consider giving an additional way – through the One Heartbeat Employee Campaign. Since 2004, our employees, volunteers and physicians have raised over \$1.8 million dollars. WOW! Thank you for being world-class donors.

Your Gift

- All gifts will be recognized on the Employee Donor Wall no gift is too large or too small.
- Once your cumulative giving reaches a total of \$3,000 you will receive a plaque on the Foundation's Donor Wall of Honor in the STHS front lobby.

It's Easy to Give

You can donate by cash, check, credit card or payroll deduction. Use this form or **DONATE ONLINE** by visiting http://www.sthfoundation.org/employeecampaign. Payroll deduction may occur over one pay period and up to a max of 26 pay periods (depending on your start date) and requires a minimum of \$1 per pay period.