

Yes, I believe in Catholic Health!

I would like to donate:

- \$100 Century Club \$3.85 per pay period
- \$130 Century Plus \$5.00 per pay period
- \$250 Friends Club \$9.62 per pay period
- \$365 Dollar a Day \$14.04 per pay period
- \$500 Founder's Club \$19.24 per pay period
- \$750 Founder's Plus \$28.85 per pay period
- \$1,000 Patron Club \$38.47 per pay period
- \$1,500 Patron Plus \$57.70 per pay period
- \$2,500 Leadership Circle \$96.16 per pay period
- Other Amount: \$ _____ \$_____ per pay period
- I prefer to make a one-time contribution of \$ _____



Please direct my contribution to the following Foundation(s):

- Continuing and Home Care Foundation – FNDU
- Kenmore Mercy Hospital Foundation – FND 2
- Mercy Hospital Foundation – FND 4
- Sisters Hospital Foundation – FND 1
- St. Joseph Fund, Sisters Hospital Foundation –SJC
- Divide my contribution equally among the above Foundations.

Associate Name _____

Associate ID# _____

Department Name/Site Location (if applicable) _____

Work Phone Number: _____

Signature _____ Date _____

Your gift will be effective the first pay period.

- Please rollover my deduction automatically each year, until further notice.

Please return your contribution form by mail, via Catholic Health inter-office mail, or by fax at 835-8643.

Thank you!

