FACE Campaign Associate New Hire Gift Form

People Helping People. Be the FACE of Giving.

Name: _____

Associate ID#: _____ **Phone #:** _____

Home Address: _____

State: ____ **Zip Code:** _____

Work Email: _____

PLEASE CHOOSE A PAYMENT METHOD:

☐ EASY PAYROLL DEDUCTION

I would like to contribute the following amount each pay period:

❍ $50 ❍ $25 ❍ $10 ❍ $5

❍ $ _____ per pay (____ pays) = $ _____

There are 17 pay periods May 7 - Dec. 31, 2021.

☐ ONE-TIME GIFT ☐ MONTHLY GIFT

❍ $500 ❍ $250 ❍ $100 ❍ $50 ❍ OTHER $_____

❍ Cash *(Enclosed)*

❍ Check *(Enclosed)*

Please make checks payable to Ascension St Vincent Evansville Foundation.

❍ Credit Card

Payroll Deductions begin May 7, 2021, and require a $5 minimum per pay.

❑ **Please check here if you are choosing to payroll deduct. Payroll deductions will continuefor 17 pay periods unless you insert a different amount above.**

Credit Card Gifts - Select a ONE time or MONTHLY scheduled gift charged to your credit card on the 15th of each month. There is a minimum $10 donation per month to setup monthly payments. You may select when you would like payments to end.

For the security of our associates, please make credit card donations online at give.stvincentevansville.org/FACE-NewHire

I WOULD LIKE TO SUPPORT:

Please allocate your gift by choosing ONE of the following LOCAL funds:

❑ **Associate Financial Assistance** supports all associates and contingent workers by providing hardship help by paying for household and other daily expenses.

❑ **Cancer Care/Oncology Services** aids cancer patients, programs, and services.

❑ **Nursing Education for Excellence** funds ongoing education, training, certifications, and recertification for our nurses.

❑ **OB/GYN Women's Services** assists the growth related needs of these departments and their services.

❑ **Pediatrics/Peyton Manning Hospital** supports children's inpatient and outpatient programs and services.

❑ **Rebekah Lynne Shinabarger Memorial Nursing Scholarship** sustains this scholarship endowment to benefit future nurses.

❑ **Unrestricted** assists with the priority needs of Ascension St. Vincent Evansville Foundation.

SIGNATURE REQUIRED:

❑ I have checked and approved my donation selection.

❑ I would like to keep my gift anonymous.

Signature: _____ Date:_____

Ways to Return Donation Form:

Form may be returned by interoffi ce mail to the Foundation, emailed to lori.lofton@ascension.org, faxed to 812-485-7716, or mailed to Ascension St. Vincent Evansville Foundation at 3700 Washington Avenue, Evansville, IN 47750.

Campaign Deadline is 04/04/21. Gifts will be given out to anyone who donates $5 per pay period ($130 total minimum) and above. Weekly prize drawings will also occur throughout the campaign for all participating donors, regardless of donation level.

Call 812-485-4730 with any questions.