

# make difference

for our patients and community

## Ascension St. Mary's Foundation 2019 Associate Campaign Pledge Form

Associate Name \_\_\_\_\_

Associate ID# \_\_\_\_\_ Dept. \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Please enter the dollar amount of your contribution:

\$ \_\_\_\_\_

I wish to direct my gift to the following restricted fund:

\_\_\_\_\_

(Your gift will go to General Equipment Fund, unless you specify a fund of choice.)

For gifts of \$260 or more, please indicate your shirt/jacket size:

\_\_\_\_\_

### Return your completed form or ask a question:

Ascension St. Mary's Foundation  
800 S. Washington Aveune, Saginaw, MI 48601

E-Mail: [denise.schofield@ascension.org](mailto:denise.schofield@ascension.org)  
Fax: (989) 907-8737 • Phone: (989) 907-8300

A fillable form is available on the Inside Scoop.  
Look for the Associate Campaign logo.

You can also make a donation at [stmarysofmichiganfoundation.org](http://stmarysofmichiganfoundation.org)



### Please select how to make your contribution:

**This is a one-time contribution.**

Payment Options:

- Cash/Check (payable to Ascension St. Mary's Foundation)
- Credit Card       VISA       MasterCard
- Discover       American Express

Name (as listed on card) \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

CVV (security code on back of card) \_\_\_\_\_

- This is a pledge to be paid through payroll deductions  
over a selected number of pay periods.**

*Note: Minimum of \$1.00/pay period; there are a total of  
26 pays/year. Contract employees may not payroll deduct.*

\$ \_\_\_\_\_ Enter total \$ amount contributed (ex. \$100)

\$ \_\_\_\_\_ Enter total \$ amount deducted per pay  
period (ex. \$10)

\_\_\_\_\_ Enter number of pay periods deductions are to  
take place (ex. 10 periods).

I would like to make my gift an on-going pledge.  Y  N

I understand I may cancel my pledge at any time by contacting  
the Ascension St. Mary's Foundation.

Signature for payroll authorization (required):

\_\_\_\_\_

**This is a contribution of PTO (paid time off).**

\_\_\_\_\_ Enter the total number of hours contributed

*Note: Taxes will be taken for the cash equivalent of your PTO  
contribution. The remaining balance is your gift to the Foundation.  
Front-loaded leadership PTO may not be donated.*