



Please send completed form to:
St. Anthony's Charitable Foundation
MOB A, Ste 150

**St. Anthony's Charitable Foundation
Employee Charitable Giving**

Name _____ Date _____

Department _____

Work Phone _____ Home Phone _____

Yes, I want to help in the following way:

I would like to support St. Anthony's Charitable Foundation through **payroll deduction**.

I authorize St. Anthony's Medical Center to deduct \$_____ from each pay period for a total gift pledge of \$_____.

Authorization Signature _____ **Date** _____

OTHER GIVING OPTIONS

I would like to make a direct gift of \$_____.

Please make your check payable to St. Anthony's Charitable Foundation.

Credit Card: Visa MasterCard Discover American Express
Gift of \$_____

Credit Card number _____ Expiration Date _____

Name on Card _____ Signature _____

Please use my gift for: Hospice Program, General Fund, Other _____

If you have any question please call the Charitable Foundation Office, 314-525-7330.

NOTE: Automatic payroll deductions will remain in effect until you notify the payroll office in writing.

Your contribution is tax deductible to the extent allowed by law. Please consult with your tax advisor for further information if needed. St. Anthony's Medical Center provides no goods or services in consideration for this contribution. **THANK YOU!**