



Yes! I am passionate about CHRISTUS Spohn's healing ministry, and want to strengthen it with my gift.

STEP 1: PAYMENT OPTIONS

Recurring Payroll Deduction I authorize CHRISTUS Spohn payroll to deduct the following amount per pay period, beginning with the next pay period.

\$3 \$5 \$7 \$10 \$15 \$20 Other \$ _____

One-Time Payroll Deduction I authorize CHRISTUS Spohn payroll to deduct \$ _____ from the next pay period.

Signature _____ Date _____

Cash/Check \$ _____ (Check payable to CHRISTUS Spohn Foundation)

* Give by payroll deduct and credit card online at christusspohnfoundation.org/gfw



JOIN TODAY! Every Hour Makes a Difference

We invite you to become a member of the CHRISTUS Spohn Giving Hour Society with your donation pledge of one hour per pay period at your current rate. Society membership includes a Giving Hour Society pin and special recognition throughout the year.

A partnership opportunity to pledge one hour per pay period.

STEP 2: Please Direct My Gift To

Choose one or two designations only. (Undesignated gifts will be directed to the Area of Greatest Need)

HOSPITAL BASED PROJECTS

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Cancer Care CFJ | <input type="checkbox"/> Nursing Excellence CFX | <input type="checkbox"/> Alice Projects CFM | <input type="checkbox"/> Shoreline Projects CFO |
| <input type="checkbox"/> Area of Greatest Need CFQ | <input type="checkbox"/> Cardiac Rehab CFK | <input type="checkbox"/> Beeville Projects CFR | <input type="checkbox"/> South Projects CFP |
| <input type="checkbox"/> The Sister Margaret Mannion Helping Hands Fund CFT | | <input type="checkbox"/> Kleberg Projects CFS | |

STEP 3: Tell Us About Yourself

Name _____ *Please print* ADP Employee ID _____

Address _____ City _____ State _____ Zip _____

Phone No. _____ Hospital Campus _____ Department _____

THANK YOU FOR YOUR SUPPORT

The CHRISTUS Spohn Foundation is a 501 (c) (3) non-profit organization. Donations are tax-deductible as allowed by law. Recurring gifts will automatically renew each fiscal year until donor requests amount to be amended or canceled. You may change or stop payroll deduction at any time with a written request to the Foundation.

RETURN completed form to the Foundation Office by mail, interoffice mail, fax or email givingfromwithin@christushealth.org.

