

ST. CLAIR HOSPITAL
EMPLOYEE CAMPAIGN '19
HELP SUPPORT OUR FUTURE GROWTH

I would like to support St. Clair Hospital's Groundbreaking Growth Campaign.

Please submit this form only if selecting options 2 or 3 below.

- 1** Online at stclair.org/employee-campaign-2019/ (one-time gifts only).
- 2** With a payroll deduction of \$_____ per pay period for 26 pay periods (one year renewable pledge).
- 3** With a one-time check or credit card gift of \$_____. (Please make checks payable to St. Clair Hospital Foundation.)

Credit Card Information:

Master Card Visa American Express Discover

Account Number: _____ Exp. Date: _____

Donor Information:

Name: _____ Department: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Primary Email Address: _____ Phone: _____

Signature: _____ Date: _____

Forms can be returned to the St. Clair Hospital Foundation in Marketing & Development on the Second Floor of the Hospital.
If you have recently made another gift to St. Clair Hospital, please accept our sincere thanks!



Thank you for your generous support!
412.942.2465 • schfoundation@stclair.org