

FY12 Family Campaign



Campaign Commitment Form

DONOR INFORMATION – PLEASE CHECK RELATIONSHIP BOX BELOW

Name: _____
Dept/Group: _____
Phone: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____

For recognition purposes:

Gifts must be received by 6/30 yearly to assure that your name appears on the Stewardship Wall for the upcoming fiscal year.

List my name as: _____
Staff are encouraged to use credentials— 35-character limit.

Please do not publish my name.

____ I prefer **NOT** to receive a participation gift.

GIVING METHOD

PAYROLL DEDUCTION – EMPLOYEE’S ONLY

I authorize a \$ _____ deduction from my paycheck for:

One-time deduction at the next pay period
(Minimum \$5)

Total Gift \$

Signature (Required for payroll deduction.) Date

CHECK, CASH, CREDIT CARD

Check Cash
Make check payable to Holy Spirit Health System

Credit Card (please check one)

VISA MC AMEX DISCOVER

Card # _____

Expiration Date: _____

Total Gift \$

Signature Date

GIFT DESIGNATION

HOLY SPIRIT HEALTH SYSTEM

(support our hospital’s highest priorities and needs)

- | | |
|--|--|
| <input type="checkbox"/> Medical Outreach | <input type="checkbox"/> West Shore EMS |
| <input type="checkbox"/> Maternal Assistance Program | <input type="checkbox"/> Pastoral Care |
| <input type="checkbox"/> Ortenzio Heart Center | <input type="checkbox"/> Behavioral Health |
| <input type="checkbox"/> Nursing Scholarship Fund | <input type="checkbox"/> Teenline |
| <input type="checkbox"/> _____ | |

RELATIONSHIP

- I am a physician or part of a physician group
 I am a staff member
 I am a volunteer
 I am a Board Member on _____ Board



FY12 Annual Family Campaign

Message to the Holy Spirit Family Physicians, Employees, Volunteers & Board Members

Dear Friends,

On behalf of the Holy Spirit Family, this letter is your invitation to participate in the FY12 Family Campaign. Your gift will help the System, the Hospital, and all its affiliates and programs to make a positive and lasting difference in the lives of patients, families, friends, and community partners.

Your participation in this campaign is vital. “Mission at Work” is all about striving for excellence, providing caring services in keeping with our values and S.P.I.R.I.T behaviors, and furthering our commitment to enhance the System and its network.

It starts with your stewardship gift to the Family Campaign, but it doesn't end there. Together, our collective generosity enables us to fulfill our many missions and realize our visions for the future. Part of our success will be the pride that comes from renewing our enthusiasm, overcoming our challenges, and achieving our collective goals.

Please use the back of this form to make your contribution to the Family Campaign now. You can elect payroll deductions, write a check, or charge your credit card.

Thank you for your support. We are grateful for your gift, no matter what the size. Your contribution does make a difference. Please contact Jennifer Bentzel at 717-763-2978 with any questions.

Kindest regards,

Jennifer Bentzel

Billie Drybread

David Gatesman

Steve Hammaker

Mary Harling Jordan

Yen Le

Jeff Seiple

Amy Senn

Carol Shirey

Susan Yohn

FY12 Family Campaign Committee

