

Making More **Impact** Together



Foundation Week – Pledge Form

Trinity Health Foundation Week will take place October 13-17 as we raise awareness about the impact of the Foundation and make more impact together. Employees who signs up to give, or increases their current giving by 20%, will be eligible to receive a long sleeve or short sleeve shirt or beanie.

T-shirt size(S-5XL): _____

Employee Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Trinity Health Department: _____

Trinity Health Building/Facility: _____

____ YES! I wish to enroll in/increase (please circle) my giving through payroll deduction.

____ YES! I wish to donate a one-time gift of \$____ to purchase ____ gift basket(s) for Trinity Homes patients.

Please deduct the following amount from each paycheck:

____\$5 ____\$10 ____\$25 ____\$50 ____\$100 ____ other \$ _____

I would like my contribution to go to the fund(s) I have listed in the space provided below. If you select more than one fund, please indicate the amount desired per fund. If no fund is indicated, your contribution will go to the GRACE fund [For a list of funds, please see the attached document.]

Signature _____ Date: _____

Contributions to Trinity Health Foundation, a not-for profit, private organization, are tax-deductible, as provided by law. Trinity Health Foundation is committed to the principle of good stewardship and pledges itself to use the gifts you generously provide to benefit those in our care.

Return this form to Trinity Health Foundation, Trinity Heath East Ridge