

oneheart PLEDGE FORM

MY ONE HEART PLEDGE \$ _____ one-time gift per pay period

Name (please print) _____

I designate my gift to the Sisters of Charity Health System ministries as indicated:

% OR AMOUNT

_____ St. Vincent Charity Medical Center

_____ Regina Health Center

_____ Light of Hearts Villa

_____ Building Healthy Communities

_____ Joseph's Home

_____ Early Childhood Resource Center

_____ Healthy Learners

_____ South Carolina Center for Fathers and Families

I am paying my pledge in part or full today by check or credit card:

A check payable to Sisters of Charity Health System is enclosed.

Charge my credit card today for:

The full amount of my pledge.

\$ _____ I will fulfill the rest of my pledge by year end.

I authorize the Sisters of Charity Health System to withhold the pledge amount indicated from each pay beginning with my next pay and continuing:

Indefinitely. Continue this deduction until I request otherwise.

Other: Until _____

To change or stop payroll deductions at any time, send a message to the Fund Development team at oneheart@sistersofcharityhealth.org.

Signature _____ Date _____

Card No. _____ Exp. Date _____

Name on Card (please print) _____ CVV No. _____

For additional giving options such as recurring credit card gifts, go to www.1heartcampaign.org