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

_____ Sisters of Charity Health System

_____ Employee Assistance Fund

_____ St. Vincent Charity Health & Healing Hub

_____ Early Childhood Resource Center

_____ Healthy Learners

_____ Joseph & Mary's Home

_____ Light of Hearts Villa

_____ Regina Health Center

_____ Rosary Hall

_____ South Carolina Center for Fathers and Families

PAYMENT METHODS

◯ 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 _____

Signature _____ Date _____

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

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

- ◯ The full amount of my pledge.
- ◯ $_____ I will fulfill the rest of my pledge by year end.

For additional giving options such as one-time or recurring gifts paid by credit card, digital wallet or direct debit, scan the QR code or go to www.1heartcampaign.org.