

oneheart CAMPAIGN

I PLEDGE \$ _____ one-time gift per pay period

Name (please print) _____

PAYMENT BY CHECK/CREDIT CARD

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 at a later date.

Credit Card No. _____

CVV No. _____ Exp. Date _____ Today's Date _____

Signature _____

Name on Card (please print) _____

PAYMENT BY PAYROLL DEDUCTION

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. Automatically renew my pledge each year I work for the Sisters of Charity Health System until I request otherwise.
- Until the final pay of _____ Other: Until _____

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

Signature _____

I DESIGNATE MY GIFT TO: (Indicate % or Amount)

- _____ Building Healthy Communities _____ Healthy Learners
- _____ Joseph's Home _____ Light of Hearts Villa
- _____ Mercy Medical Center _____ Regina Health Center
- _____ Early Childhood Resource Center
- _____ St. Vincent Charity Medical Center
- _____ South Carolina Center for Fathers and Families

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



SISTERS of CHARITY
HEALTH SYSTEM

A Ministry of the Sisters of Charity of St. Augustine