

# 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

- \_\_\_\_\_ Building Healthy Communities
- \_\_\_\_\_ Early Childhood Resource Center
- \_\_\_\_\_ Healthy Learners
- \_\_\_\_\_ Joseph's Home
- \_\_\_\_\_ Light of Hearts Villa
- \_\_\_\_\_ Regina Health Center
- \_\_\_\_\_ St. Vincent Charity Community Health Center
- \_\_\_\_\_ St. Vincent Charity Health Campus
- \_\_\_\_\_ 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](mailto: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](http://www.1heartcampaign.org)