

It starts with us.

Associate Giving Campaign



Please accept my donation benefiting:

- Your Local Ministry _____ (name)
- Associate Relief
- Community Outreach and Care for the Vulnerable

Donor Information

Name: _____ Associate ID #: _____
Address: _____
City/State/Zip: _____ Email: _____
Office Phone: _____ Phone: _____

Recognition

Please list my name as _____ in any publications or donor listings.

Payment Information

Payroll Deduction:

I authorize Presence Health to deduct \$ _____ per pay period and understand I can manage my contribution on PeopleSoft Self Service at any time.

Signature: _____ Date: _____

Please accept my one time gift of \$ _____

Check: Please make checks payable to **Presence Health**

Please mail to: Presence Health Foundation, 200 South Wacker Drive, Suite 1100, Chicago, Illinois 60606

Credit Card: Visa Master Card American Express Discover

Number: _____ Exp. _____ / _____ Verification No. _____

Signature: _____ Date: _____

Thank you! Contributions are tax deductible as allowed by law.

Please contact Kate Minogue at 312.308.3980 or marykate.minogue@presencehealth.org with any questions.

