

**2014 Penrose-St. Francis  
Associate Campaign**

Name:  
Employee ID:  
Cost Center:



**Please use my gift in the following program(s):**

(Choose a **MAXIMUM** of **TWO**)

- Sisters of St. Francis Associate Assistance Program** (20010P124000)  
*Assists our fellow Associates at all of our facilities in times of unexpected financial crisis.*
- Sisters of Charity Patient Assistance Program** (20010P004000)  
*Assists patients in need at all of our facilities in times of unexpected financial crisis.*
- Penrose-St. Francis Support Fund** (20010P005003)  
*Supports the development of innovative programs and equipment needs throughout PSF.*
- Global Health Initiatives** (20010P280000)  
*Supports PSF's outreach in the developing world through international healthcare projects.*
- United Way** (20010H610000)  
*Donations are collected and sent to the United Way of Southern Colorado*

**I have chosen to give in the following way:**

**HOURLY CLUB** An amount *equal to or greater than* one hour of pay per pay period.

- Payroll Deduction**  
*I authorize one hour of pay* to be deducted from my paycheck **EACH pay period** beginning **July 1, 2014, through June 28, 2015.**
    - An amount equal to \$ \_\_\_\_\_ per pay period (Greater Than One Hour of Pay)
    - An amount equal to ½ hour of pay-per pay period (Hour Club for Part-Time Employees)
    - PTO - 26 Hours
    - PTO - 13 Hours (Hour Club Member - Part-time Associates)
    - \_\_\_\_\_ Hours (Greater than 26)
- Hour Club Gift (Please Choose One)**    Yes please    No thank you

**PAYROLL DEDUCTION**

*I authorize* the following amount of pay to be deducted from my paycheck **EACH pay period** beginning **July 1, 2014 through June 28, 2015**

- A dollar amount of \$ \_\_\_\_\_ per pay period.
- A **ONE-TIME** annual payroll deduction of \$ \_\_\_\_\_.

**PAID TIME OFF (PTO)**

*Paid Time Off donations will be processed by August 2014*

- I would like to make a PTO gift of \_\_\_\_\_ Hours.

**CASH GIFT ENCLOSED**

- I am enclosing a gift now of \$ \_\_\_\_\_  
(Make Check Payable To: PSF Health Foundation)

**By signing below, I authorize payroll to complete the above transactions:**

I am:    Full-Time    Part-Time    PRN

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Please check if you wish to remain anonymous.