



Colleague Giving Donation Form

Stmhfoundation@trinityhealthofne.org

or 203-709-6390

STEP 1: Colleague Information

Name: _____

Address: _____

Colleague ID #: _____

Phone: _____

Email: _____

Department: _____

I want my gift to honor a colleague:

Name: _____ Department: _____

STEP 3: Contribution

Payroll Deduction

Per paycheck (every two weeks):

\$20 \$10 \$4 \$2 Other: _____

Onetime Deduction:

\$500 \$250 \$100 \$50 Other: _____

I understand deductions will rollover year to year unless I notify the Foundation at 203-709-6390 or complete a new donation form.

Cash or Check \$ _____
Payable to Saint Mary's Hospital Foundation

Credit Card: \$ _____

Credit Card #: _____

CVV Code: _____ Exp. Date: _____

Change my current deduction per paycheck (every two weeks) as of _____ (Date) to \$ _____

STEP 4: Appreciation Gift

Gifts of \$100 or more receive a hospital specific "be inspired" long-sleeve t-shirt, while supplies last:

men ladies

Small Medium Large X-Large 2XL 3XL no gift, thank you

STEP 5: Submit - Saint Mary's Hospital Foundation -stmhfoundation@trinityhealthofne.org

Signature (required): _____ Date: _____

I am interested in including the hospital in my will or life insurance. Please contact me.

I wish to remain anonymous on any publication of donors.