



Workplace Giving Donation Form

Stmhfoundation.org or 203-709-6390

STEP 1: Colleague Information

Name: _____

Address: _____

Colleague ID #: _____

Phone: _____

Email: _____

Department: _____

STEP 2: Designation

- Saint Mary's: Area of Greatest Need
- Emergency Department Renovations
- Colleague Crisis Fund
- Scholarship and Education Fund

Employer: Saint Mary's Hospital
 Trinity Health Of NE
 Trinity Health – Livonia

- I want my gift to honor a colleague:

Name: _____ Department: _____

STEP 3: Contribution

Payroll Deduction

- Per pay check (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 Foundation**

Credit Card: \$ _____
 Credit Card #: _____
 CVV Code: _____ Exp. Date: _____

STEP 4: Appreciation Gift

Gifts of \$100 or more receive a hospital specific "be inspired" long-sleeve men or ladies t-shirt.

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

STEP 5: Submit - Saint Mary's Foundation, 56 Franklin Street, Waterbury, CT 06706

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.