

Annual Appeal Pledge Card

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Company Name: _____

Phone #: _____

E-mail: _____

Signature: *(required)* _____

Please direct my gift to:

St. Anthony's Ministry Annual Appeal Campaign

Other: _____



HOSPITAL SISTERS OF ST. FRANCIS FOUNDATION

Colleague Payroll Deduction

(St. Anthony's Memorial Hospital only)

I wish to give \$ _____ per pay period (26/year)

I wish to give a one time payroll deduction gift of \$ _____

Cash, Check or Credit Card

My total cash, check or credit card pledge is: \$ _____

Check

Cash

Credit Card

Card Type: Discover

Visa

MasterCard

Account Number:

_____ - _____ - _____ - _____

Expiration Date: _____ / _____

Make checks payable to: *Friends of St. Anthony's*