

Saint Luke's Foundation 2018-19 Celebration of Giving Form



100% of Your Gift impacts programs & services!

STEP 1: EMPLOYEE INFORMATION

NAME (FIRST, LAST): _____ EMPLOYEE A# (ID): _____
HOME ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE NUMBER: _____ PREFERRED EMAIL: _____

STEP 2: MAKE YOUR CONTRIBUTION

PAYMENT METHOD:

PAYROLL DEDUCTION \$ _____ **Per pay period (24 pay periods in 2019)**

ONE-TIME CONTRIBUTION (ENCLOSED)

Check (made payable to *Saint Luke's Foundation*) Cash

Credit Card (information below)

Name on Credit Card: _____

Card#: _____ Expiration: _____

CUSTOMIZE YOUR CONTRIBUTION:

My contribution is anonymous.

Direct my contribution to the Saint Luke's Foundation Fund(s) below:

- Saint Luke's Foundation Annual Fund (*where most needed in the SLHS*)
- Saint Luke's Marion Bloch Neuroscience Institute
- Saint Luke's Mid America Heart Institute
- Saint Luke's Cancer Institute
- Crittenton Children's Center
- The Children's SPOT
- Patient Assistance Fund*
- Employee Assistance Fund*
- Medical Education/Research*
- Nursing Education/Research*
- Other: _____

*Assistance or Education/Research Fund contributions will be designated to your specific SLHS entity location.

If multiple Funds were selected above, please distribute my contribution:

Evenly (%) As follows (%): _____

SIGNATURE: _____ **DATE:** _____

Please return completed form to your Employee Campaign Manager
Or send to: Saint Luke's Foundation / 901 E. 104th St., #100 / Kansas City, MO 64131

