

St. Joseph's Foundation Employee Incentive Fundraising Program June 16 – July 30, 2021

Donations raised will benefit the Nursing Resilience Rooms at St. Joseph's Hospital and Medical Center

	State: Zip: _	
	Phone:	
☐ Option 1: CHECK Make checks payable to St	Donation Amount: \$. Joseph's Foundation	(minimum \$10)
Option 2: CREDIT CARD	Donation Amount: \$	(minimum \$10)
☐ Visa ☐ MasterCard	☐ Discover ☐ American Express	
Name as it appears on card:		
Signature:	Date:	
Number:	Exp. Date:	CVV:
Option 3: CASH	Donation Amount: \$	(minimum \$10)
☐ Option 4: Donate online at <u>wwv</u>	w.SupportStJosephs.org/EmployeeGiving	
	Donation Amount: \$	(minimum \$10)
REQUIRED INFORMATION FOR ENTE	RY INTO PRIZE DRAWING	
EMPLOYEE Recruiter:		
Employee #:	Phone:	
	e one entry into prize drawing for every ne	w donor recruited

Where to submit your forms:

- 1. At Security/Operations Office at hospital in box labeled SJF Employee Incentive Program
- 2. At St. Joseph Foundation 124 W. Thomas, Suite 250, 9 a.m. 4 p.m., Monday Friday
- 3. Email "securely" to Teresa.Davia@dignityhealth.org

For more information, call 602.406.1039 or email Teresa. Davia@dignityhealth.org.