



Pledge of Support

Give online:
mission4health.com/caregivingcampaign

Please select your campus:
 Laguna Beach Mission Viejo
 Other _____

1

Name (Will appear on Employee Giving Wall. If you prefer to be anonymous, please check this box Anonymous)

Employee ID#

Department

Home Address (Home address needed for tax receipt letter)

City

Zip Code

E-mail

Birthday (Month/Day)

Work Phone

Cell/Home Phone

2 **I would like my gift to support:** (Please select only one fund):

Area of Greatest Need

Employee Assistance Fund

Nursing Education

Other _____

Clinical Institutes:

Emergency/Trauma

Heart and Vascular

Leonard Cancer Institute

Mental Health and Wellness

Neuroscience

Orthopedics

Women and Infant's

3 **Choose payment option and sign:**

I would like to increase my current recurring pledge. The new amount is \$ _____ per pay period.

\$ _____ recurring payroll deduction per pay period. **(Your pledge will continue until you notify the foundation to stop deductions.)**

\$ _____ my one-time gift enclosed.

Cash Check (Please make check payable to *Mission Hospital Foundation*) Payroll deduction (Min. \$25)

Credit Card Number: _____ Exp.: _____

American Express Mastercard Visa

Signature

Date

I have included or plan to include the hospital in my estate plan.

THANK YOU FOR YOUR SPIRIT OF GIVING!

Please return your form to the foundation office: 27700 Medical Center Road, Mission Viejo, CA 92691 (MOB 3, Suite 356), via fax (949) 364-7750 or via email missionfoundation@stjoe.org. You may also make your gift online at mission4health.com/caregivingcampaign.

If you prefer not to receive fundraising mail or event invitations from this ministry, please call us at (949) 364-7783 or check this box: and return this form.