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***Great Care. Right Here***

**The Campaign for St. Lawrence Health**

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| **Sample Payroll****Deduction**PER PAY PERIOD FOR A FULL YEAR

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| **Total Gift** | **Pay Per Period** |
| $5,000.06 | 192.31 |
| $2,500.16 | 96.16 |
| $1,000.22 | $38.47 |
| $500.24 | $19.24 |
| $250.12 | $9.62 |
| $100.10 | $3.85 |

**Please return completed form to:****St. Lawrence Health Foundation****50 Leroy Street****Potsdam, New York 13676**Please contact Sam Coffey, Manager of the Annual Fund, at 261-5607 or Samantha.Coffey@cphospital.org with any questions. | **Personal Information**Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Gift Information**I wish to make a gift in the amount of $\_\_\_\_\_\_\_\_\_\_\_**My check is enclosed.****Charge my credit card** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date\_\_\_\_\_\_\_\_\_\_ Security Code\_\_\_\_\_\_\_\_\_\_**I would like to give via payroll deduction.**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per pay periodI will make my credit card gift online([www.stlawrencehealth.org/about/give](http://www.stlawrencehealth.org/about/give))Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Designation**Please designate my gift to:UnrestrictedRestricted(please specify):­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |