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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   |  |  | | --- | --- | | **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 period  I 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:  Unrestricted  Restricted(please specify):­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |