

**St. Vincent's Riverside, Southside, Clay County & St. Johns
Physicians Giving Societies**

Gift Agreement

(Print name)

It is my pleasure to make a pledge of \$10,000 for the Physicians Giving Society
(\$2,000 a year for the next five years)

For:

- Riverside** Physicians Giving Society **St. John's** Physicians Giving Society
 Southside Physicians Giving Society
 Clay County Physicians Giving Society
 Multiple memberships – please divide between all selected

Signature _____ **Date** _____

OFFICE	HOME
Address: _____	Address: _____
City St Zip: _____	City St Zip: _____
Phone: _____	Phone: _____
Email: _____	
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single	Spouse's name: _____
Please tell us the best way to notify you about meetings? _____	

Check enclosed **Please bill me on** _____

Please charge my credit card below:

Frequency: Monthly Quarterly Annually One-time

Donation amount: \$ _____ Type of credit card: MasterCard Visa American Express

Card number: _____ CVV code: _____ Expiration date: _____

Name as it appears on card: _____

I am employed by SVMC, please payroll deduct, beginning on the next pay period to the Ascension St. Vincent's Foundation:

\$77 per pay period (minimum) Other amount \$ _____

Employee ID#: _____

Signature: _____ Date: _____

Department: _____

Please return this form to:
Ascension St. Vincent's Foundation ~ 1 Shircliff Way, 2nd Floor ~ Jacksonville, FL 32204