

**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** \_\_\_\_\_

<b>OFFICE</b>	<b>HOME</b>
Address: _____	Address: _____
City St Zip: _____	City St Zip: _____
Phone: _____	Phone: _____
Email: _____	Spouse's name: _____
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, 2<sup>nd</sup> Floor ~ Jacksonville, FL 32204