

**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

Address: _____
City St Zip: _____
Phone: _____
Email: _____

HOME

Address: _____
City St Zip: _____
Phone: _____

Marital status: ☐ Married ☐ 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