Yes, I would like to make a gift to support The Foundation of Catholic Health through the Associate Giving Campaign!

Name:_____ **Associate ID**:_____

Preferred Listing in Publications:_____ ☐ Check here to remain anonymous

Address:_____**City**:_____**State**:_____**Zip**:_____

Step 1: Select your donation level:

- ☐ $2,500 Benefactors Circle ($96.15 per pay period)
- ☐ $1,500 Leadership Circle ($57.69 per pay period)
- ☐ $1,000 Presidents Circle ($38.47 per pay period)
- ☐ $750 Patrons Circle ($28.85 per pay period)
- ☐ $500 Friends Circle ($19.23 per pay period)
- ☐ $365 Dollar-A-Day Club ($14.04 per pay period)
- ☐ $260 Double High Five Club ($10.00 per pay period)
- ☐ $130 High Five Club ($5.00 per pay period)
- ☐ $52 Dollar-A-Week Club ($2.00 per pay period)
- ☐ Other $_____ (per pay period)

Step 2: I would like to direct my gift to:

- ☐ The Foundation of Catholic Health – Greatest Need
- ☐ Home & Community Based Care
- ☐ Kenmore Mercy Hospital
- ☐ Mercy Hospital of Buffalo
- ☐ Mount St. Mary's Hospital
- ☐ Lockport Memorial Hospital
- ☐ Sisters of Charity Hospital
- ☐ St. Joseph Campus
- ☐ McAuley Residence
- ☐ Mercy Skilled Nursing @ OLV
- ☐ Father Baker Manor
- ☐ St. Francis Park
- ☐ Helping Hands
- ☐ Other_____

Step 3: I would like to fulfill my commitment as follows:

☐ Payroll Deduction – effective the pay period starting on _____. *This donation will automatically renew each year.*

☐ *Please end my deduction on* _____ *(to cancel auto renewal)*

☐ Check Enclosed (made payable to The Foundation of Catholic Health)

☐ Visa ☐ MC ☐ AmEx ☐ Discover Acct. #_____ Exp. ___/____ CSV:_____

Step 4: _____ _____

Signature **Date**

By signing above, I agree to initiate payroll deductions next pay period.

☐ I've included The Foundation of Catholic Health in my estate plans

☐ I'd like to learn more about including The Foundation of Catholic Health in my estate plans

Please return this form to:

The Foundation of Catholic Health, 144 Genesee St. 6th Floor, Buffalo, NY 14203.

For more information contact Jillian Connor, Annual Giving Officer at 716-706-2106 or jconnor@chsbuffalo.org.

To fill out your form electronically, please scan below or visit CHSBuffalo.org/Foundation/Associate-Giving-Form.