

# THE PROMISE CAMPAIGN

*St. Joseph Health System*

Your Name \_\_\_\_\_ Business Title (if applicable) \_\_\_\_\_  
 Business (if applicable) \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

**1 My/Our total Pledge / Gift is:**  
 Total Pledge/Gift \$ \_\_\_\_\_  
 My/Our pledge/gift is to be paid over:  
 12 months     24 months     36 months  
 Total enclosed \$ \_\_\_\_\_  
 Balance due \$ \_\_\_\_\_

**2 The way I/We will give is: (select one)**  
 By enclosing a gift of \$ \_\_\_\_\_. (  Cash  Check # \_\_\_\_\_ )  
 Through direct billing (\$25 per quarter minimum)  
 Please bill me:     Quarterly     Annually     Semi Annually  
 By Credit Card (Visa/Mastercard): # \_\_\_\_\_  
 Exp.Date: \_\_\_\_\_  
 Through payroll deduction (St. Joseph Team Members only).

**3 Please use my/our gift for: (please select no more than 2)**

<p><b>Burleson St. Joseph</b>  <input type="checkbox"/> ER Renovations</p> <p><b>Burleson St. Joseph Manor</b>  <input type="checkbox"/> Enhancement of Services</p> <p><b>Grimes St. Joseph</b>  <input type="checkbox"/> ER Renovations</p>	<p><b>Madison St. Joseph</b>  <input type="checkbox"/> Enhancement of Services</p> <p><b>St. Joseph Manor</b>  <input type="checkbox"/> Enhancement of Services</p> <p><b>St. Joseph Regional Rehab Center</b>  <input type="checkbox"/> Enhancement of Services</p>	<p><b>St. Joseph Regional Health Center</b>  <input type="checkbox"/> Additional Cardiac Cath Lab  <input type="checkbox"/> Cancer Care Expansion  <input type="checkbox"/> Room Renovations</p> <p><b>St. Joseph Health System</b>  <input type="checkbox"/> Education Endowment</p>	<p><b>Tower Project</b>  <input type="checkbox"/> CCU and ICU Expansion  <input type="checkbox"/> Outpatient Center Development  <input type="checkbox"/> Surgical Services Expansion  <input type="checkbox"/> General Tower Fund  <b>General/Area of Greatest Need</b> <input type="checkbox"/></p>
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**4 This Pledge / Gift is:**  
 In memory of or     In honor of \_\_\_\_\_  
 Please send an acknowledgement card with my (our) name to: (The gift amount is not mentioned)  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**5 Please carry out my/our giving as indicated above.**  
 \_\_\_\_\_  
 Your Signature  
 \_\_\_\_\_  
 Date

**PLEASE MAIL TO:**  
**ST. JOSEPH FOUNDATION/ PO BOX 993/ BRYAN, TX 77805-0993**  
**FOR YOUR CONVENIENCE, OUR FAX # IS (979) 731-8976**  
**FOR MORE INFORMATION, CALL THE FOUNDATION OFFICE AT (979) 774-4087**

*Your gift is tax deductible as provided by law - Thank You!*