



Through the strong support and financial contributions of our donors, the Saint Francis Healthcare System is able to continue carry forth its mission of providing a ministry of healing, wellness, quality and love inspired by our faith in Jesus Christ. We invite you to become a member of the *1875 Founder's Society* to continue the great work of our founding Franciscan Sisters. These are our annual giving classifications:

Membership	Perks
1875 – Annual contributions of \$5,000 or more either cash or in kind. \$5,000 or more for five years or more exceeding \$25,000 cumulative become Lifetime Members.	Invited to the annual Grace Notes appreciation dinner, recipient of a gift of appreciation the first year, listed on the donor website and in the annual impact report.
Mentor – Annual contributions of \$2,500 to \$4,999 annually either cash or in kind.	Invited to an annual social event and listed on the donor website. Presented a gift in the first year of membership.
Fellow - Annual contributions of \$1,500 to \$2,499 annually either cash or in kind.	Invited to an annual social event and listed on the donor website.

2020 COMMITMENT FORM

I am making a commitment to be a member of the 1875 Founders Society.

Recognition Name: _____

Mailing Address: _____

Email: _____ Telephone: _____

Donation Amount: _____ (Annual Minimum 1875 Donation/Receipt Total: \$5,000)

Please restrict my donation to: Area of Greatest Need CancerCare CardiacCare Caring Fund
 Chapel Dig for Life Friends Hospice #JoyChallenge Parents With Hope Other: _____

I wish to support the following: 2020 Friends Gala 2020 Friends Golf Tournament 2020 Furry 5k
 2020 Pink Up Campaign 2020 Color Dash 5k 2020 Year End Appeal

Please note: Receipt total is less any benefit(s) received including tickets, golfer registration fees, 5k fees, etc.

2020 PAYROLL DEDUCTION REQUEST (IF APPLICABLE)

I, hereby authorize my employer (Saint Francis Healthcare System) to deduct: \$_____ per pay period from my pay until a total of \$_____ which I owe is paid in full. The first deduction is to begin on or about _____.

Colleague #: _____ Colleague Signature: _____

Please forward completed form to:



211 Saint Francis Drive, Cape Girardeau, MO 63703
 Phone (573) 331-5790 Fax (573) 331-5075 Email dtorbet@sfmc.net

Thanks for your generosity and support!