

## SLCH Monthly Giving

*Giving is easy — and it's personal.*

### Donor Information (please print or type)

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, ST Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Department and Title \_\_\_\_\_

### Pledge Information

I (we) pledge a total of \$ \_\_\_\_\_

Deduct \$ \_\_\_\_\_ per pay period for three years.

Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Gift will be matched by (company) \_\_\_\_\_

form enclosed  form will be forwarded

### Acknowledgement Information

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

I (we) wish to have our gift remain anonymous.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

Please make checks, corporate matches,  
or other gifts payable to:

St. Luke's Cornwall Health Systems Foundation  
70 Dubois Street  
Newburgh, NY 12550