

# Associate Giving Program Pledge Form

Forms should be returned to:  
Anna Kollodge  
Nemours Children's Health  
Institutional Advancement  
Phone: 904.304.1764  
anna.kollodge@nemours.org

## ASSOCIATE INFORMATION

Employee ID \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

## DESIGNATION

- |   |   |   |   |
|---|---|---|---|
| <u>Delaware Valley</u>                                  | <u>Orlando</u>  | <u>Jacksonville</u>                                     | <u>Pensacola</u>  |
| <input type="checkbox"/> Compassionate Care             | <input type="checkbox"/> Compassionate Care             | <input type="checkbox"/> Compassionate Care             | <input type="checkbox"/> Compassionate Care             |
| <input type="checkbox"/> Child Life                     | <input type="checkbox"/> Child Life                     | <input type="checkbox"/> ENT Clinic Renovation          | <input type="checkbox"/> Associate Disaster Relief Fund |
| <input type="checkbox"/> Associate Disaster Relief Fund | <input type="checkbox"/> Associate Disaster Relief Fund | <input type="checkbox"/> Associate Disaster Relief Fund |   |
| <input type="checkbox"/> Other: _____                   |   |   |   |

## PAYROLL DEDUCTION

I would like to donate \$ \_\_\_\_\_ per pay period starting on  
 \_\_\_\_\_ or  next possible pay date.\*

\*Your payroll deduction will auto-renew at the end of the year unless you reach out to us to make a change

Bi weekly payroll deduction amount	Total Annual Pledge Amount	Monthly payroll deduction amount	Total Annual Pledge Amount
\$1.00	\$26	\$5.00	\$60
\$3.85	\$100	\$8.34	\$100
\$5.00	\$130	\$15.00	\$180
\$9.62	\$250	\$20.84	\$250
\$19.24	\$500	\$41.67	\$500
\$38.47	\$1,000	\$83.34	\$1,000

## CHECK

Enclosed is my check, made payable to Nemours in the amount of \$ \_\_\_\_\_

## CREDIT CARD

MasterCard  Visa  American Express  Discover

Credit Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on card \_\_\_\_\_

Make a one-time gift of \$ \_\_\_\_\_ **OR**  Charge \$ \_\_\_\_\_ to my credit card:  Monthly  Annually

You can also make your gift or pledge online at [www.nemours.org/associategiving](http://www.nemours.org/associategiving)

SC No. 19215. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE, WITHIN THE STATE, 1-800-HELPFLA OR VIA THE INTERNET AT <http://www.FloridaConsumerHelp.com>. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

Nemours is a 501(c) (3) organization. Contributions are tax-deductible to the full extent of the law. Please retain a copy of this form for your records.

