

Investing in the First 1,000 Days

St. Luke's Nurse-Family Partnership

GIFT AND PLEDGE FORM

First Name(s) (Mr./Mrs./Ms./Dr.) _____ MI _____ Last Name _____

Home Address _____

City _____ State _____ Zip Code _____

Preferred Email _____ Date of Birth (MM/DD/YY) _____

Home Phone _____ Mobile Phone _____

Please print your name(s) as you wish to be recognized _____

YOUR GIFT (To make a one-time gift online, visit sluhn.org/SupportNFP)

St. Luke's Employees: Please see the back of the form for payroll deduction information.

I/we wish to pledge the sum of \$ _____, payable beginning _____ through installments of \$ _____

Payments will be made annually semi-annually quarterly monthly Planned Gift/Bequest Stock Gift

PAYMENT METHOD

Cash/Check Credit Card American Express Discover MasterCard Visa

Credit Card Number _____ Expiration Date _____ Security Code _____

TRIBUTE

Memorial or Honor given by _____

In Honor of In Memory of Name _____

Please print his/her name *exactly* as you wish for it to appear in the official record.

SIGN AND DATE

Donor Signature _____ Date _____

Development Officer Signature _____ Date _____



Send pledge form to: St. Luke's University Health Network
Development Office, 801 Ostrum Street, Bethlehem, PA 18015
Phone: 484-526-3067 Fax: 484-526-4137 www.sluhn.org
DevelopmentOffice@sluhn.org



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ST. LUKE'S EMPLOYEES ONLY

[] payroll deduction through installments of \$ _____ per pay, beginning _____ for _____ pay periods.

Employee Number _____

PAYROLL DEDUCTION CALCULATOR

Bi-Weekly Deduction	Gift Per Year	3Yr 78 Pays Total Gift	4Yr 104 Pays Total Gift	5Yr 130 Pays Total Gift
\$10.00	\$260	\$780	\$1,040	\$1,300
\$25.00	\$650	\$1,950	\$2,600	\$3,250
\$50.00	\$1,300	\$3,900	\$5,200	\$6,500
\$75.00	\$1,950	\$5,850	\$7,800	\$9,750
\$100.00	\$2,600	\$7,800	\$10,400	\$13,000
\$115.00	\$2,990	\$8,970	\$11,960	\$14,950
\$195.00	\$5,070	\$15,210	\$20,280	\$25,350

THANK YOU

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