

oneheart PLEDGE FORM

MY ONE HEART PLEDGE \$ _____ one-time gift per pay period

Name (please print) _____

I designate my gift to the Sisters of Charity Health System ministries as indicated:

% OR AMOUNT

_____ Sisters of Charity Health System

_____ Employee Assistance Fund

_____ Building Healthy Communities

_____ Early Childhood Resource Center

_____ Healthy Learners

_____ Joseph & Mary's Home

_____ Light of Hearts Villa

_____ Regina Health Center

_____ Rosary Hall

_____ South Carolina Center for Fathers and Families

PAYMENT METHODS

- I authorize the Sisters of Charity Health System to withhold the pledge amount indicated from each pay beginning with my next pay and continuing:
- Indefinitely. Continue this deduction until I request otherwise.
 - Other: Until _____

Signature _____ Date _____

To change or stop payroll deductions at any time, send a message to the Fund Development team at oneheart@sistersofcharityhealth.org.

- A check payable to Sisters of Charity Health System is enclosed.
- The full amount of my pledge.
 - \$ _____ I will fulfill the rest of my pledge by year end.

For additional giving options such as one-time or recurring gifts paid by credit card, digital wallet or direct debit, scan the QR code or go to www.1heartcampaign.org.

