

# BEACON OF MERCY

Illuminating kindness

## Gift Designations for 2018/2019

### Honoring the Sisters of Mercy

These projects will honor the longstanding commitment to our hospitals and mission by our founders, the Sisters of Mercy, highlighting our current Sisters, Sr. Suzanne Krawczyk and Sr. Suzanne Soppe.

#### Join the 1912 Club

The 1912 Club recognizes St. John's team members who make an annual donation of \$500 (\$19.12 per pay-period) or more. These gifts honor the founding of our hospital in 1912. Members receive a unique 1912 Club pin, invitation to a 1912 Club annual event, and special inclusion in hospital lobby signage.

#### Mercy Donor

St. John's team members, who make an annual donation of \$250 or more, will be designated as Mercy Donors and receive special recognition in the hospital lobby signage.

#### Humanitarians

St. John's team members, who make an annual donation of \$1,000 or more, will be included in the Humanitarian Gift Society, receive an invitation to a special annual Humanitarian reception, and receive all the recognition of a 1912 Club member.

### Be a Beacon of Mercy

Name: \_\_\_\_\_ EmployeeID#: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Department: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like to pay by:  Mastercard  Visa  American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Check the box for your Beacon of Mercy donation. Thank you.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Please Enroll Me in the <b>1912 Club!</b> \$500 annual donation (or \$19.12 per pay period) | <input type="checkbox"/> Please Enroll Me as a <b>Mercy Donor!</b> \$250 or more annual donation | <input type="checkbox"/> Please Enroll Me as a <b>Humanitarian!</b> \$1,000 or more annual donation |
|--|--|---|

Automatic Payroll Deduction I gift \$\_\_\_\_\_ per pay period.

Paid Time Off (PTO) Donation. You must have at least 80 hours of Paid Time Off (PTO) available to enroll in this program.  
I gift \_\_\_\_\_ hours of PTO. I gift \_\_\_\_\_ hours of PTO per pay period

- Cash/Check Donation A gift of \$\_\_\_\_\_ is enclosed.  
 Credit Card Donation Amount: \$\_\_\_\_\_.

Beacon of Mercy donors will receive recognition on the dynamic signage in the hospital lobby.

To submit this form or for more information, please contact Patty Paumier at the SJRMC Gift Shop at 805.988.2841 or email: [Patricia.Paumier@DignityHealth.org](mailto:Patricia.Paumier@DignityHealth.org)

