

SAINT  JOSEPH
HEALTH SYSTEM

THE FOUNDATION

21st Annual Catch the Spirit Gala and After Party
Yes, I want to be a part of this celebration!

Colleague Name: _____

Guest Name: _____
(**ONE** guest per colleague, please)

To allow us to plan for the appropriate number of guests, please check one of the options below:

- I will purchase __ reservation(s) for the event.
- I am unable to attend, but would like to make a donation to the ER on Wheels Campaign

Payment Options

- Check** – A check for my reservation(s) at \$100 each is enclosed, payable to *The Foundation of SJHS*
- Credit Card** – visit sjmedgiving.com/gala or call 335-4542 to pay by phone.
- Payroll Deduction** (choose one)
 - I authorize one lump sum payroll deduction of \$ _____
 - I authorize 4 consecutive payroll deductions of \$25 each to pay for one (1) ticket. (Totaling \$100)
 - I authorize 8 consecutive payroll deductions of \$25 each to pay for two (2) tickets. (Totaling \$200)

Associate Signature: _____

Office Phone: _____

Associate ID#: _____

By signing above, I hereby authorize to have the designated contributions deducted from my bi-weekly earnings in the amount indicated above. I understand that I may change my contribution at any time by completing a written change request in the Human Resource office. I also understand that refunds are not available.

Please complete this form and return it to:

The Foundation of SJHS, Inc.
707 E. Cedar St., Suite 100
South Bend, IN 46617
FAX: 574-335-0712

Questions? Contact Colleen Golden at 335-4542 or
colleen.golden@sjrmc.com
Deadline for reservations is Friday, May 18, 2018