



### 1. Personal Information

Name: \_\_\_\_\_ Supervisor (if applicable): \_\_\_\_\_  
 Employee ID: (if applicable) \_\_\_\_\_ Department: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name as you wish to be listed in public recognition (e.g. Foundation Annual Report, donor wall, newsletters)

I would like to remain anonymous. I understand my name will not be listed in public recognition.

**Yes, I want to join the St. Joseph Healthcare Medical Staff Giving Circle**

Minimum annual gift to become a member of Medical Staff Giving Circle for MDs and DOs is \$1,000.

Minimum annual gift to become a member for Advanced Practice Providers is \$500.

### 2. Gift Details

**Please designate my gift to the St. Joseph Healthcare Medical Staff Giving Circle Fund**

I would like to make my gift by:

**Payroll Deduction** (only available for employed medical staff)

\$50  \$25  Other \$ \_\_\_\_\_ per pay period for the duration of:

12 months (first pay period May 2026 through last pay period April 2027)

24 months (first pay period May 2026 through last pay period April 2028)

36 months (first pay period May 2026 through last pay period April 2029)

**Pay Frequency**  Semi-monthly (twice month)  Bi-weekly (every other week)

**One-time Annually Payroll Deduction** in amount of:  \$500  \$1,000  Other \$ \_\_\_\_\_

One-time annually payroll deduction for the duration of:

One year (May 2026)  Two years (May 2025, 2027)  Three years (May 2026, 2027, 2028)

**Cash/Check:** Payable to St. Joseph Healthcare. Enclose with form. Return address below.

**Credit Card:** Give securely online at:  
[stjosephbangor.org/support-st-joseph/  
 medical-staff-giving-donation-form/](https://stjosephbangor.org/support-st-joseph/medical-staff-giving-donation-form/)



#### Questions?

Please contact Brad Coffey  
 207-907-3199  
 Brad\_Coffey@covenanthealth.net

**Contact our office if you wish to make a multiple year pledge to be paid by check or with credit card.**

Return forms through interoffice mail or by U.S. mail:  
 St. Joseph Healthcare Foundation  
 PO Box 1638  
 Bangor, ME 04402

### 3. Please sign

Signature \_\_\_\_\_ Date \_\_\_\_\_