

I am a Special People Fund Supporter

Name _____
Address _____
E-mail _____

Please Select One

- Free Care Fund**
 God Bless Fund

I share because I care *all year long*

Payroll Deduction: One Time Per Pay

\$10 \$20 \$30 \$ _____

Signature _____

Date _____

Donate Now \$ _____ *Check payable to St. Barnabas Charities*

Payroll deduction one-time

Visa/Mastercard American Express Discover

Card # _____

Exp Date _____

Signature _____

Date _____

V Code _____

In honor/memory of _____

*St. Barnabas Charitable Foundation will match every donation of more than \$500 per year. **Return completed form to Human Resources.***