



On a Mission to Inspire

**2017 Partners in Caring Program**

**TEAM MEMBER PARTICIPATION FORM**

**Caring...Sharing...Transforming Lives**

As a team member, your commitment to our residents enriches their experiences in meaningful ways. Charitable gift support helps ensure the delivery of unparalleled care so that residents can live life in all its fullness. We encourage you to illustrate your caring nature and to share your heart as we work together to transform lives across our communities. Thank you!

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address (Street): \_\_\_\_\_

Home Address (City/Town, State & Zip Code): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Community: \_\_\_\_\_

**PLEASE DIRECT MY GIFT AS FOLLOWS:**

1. Affordable Housing Special Need Fund (Various programs and services)
2. Gifts of Grace (Wherever the need is greatest)
3. Compassionate Care Fund (Benevolent assistance and life enrichment services)

<i>Suggested Payroll Deduction Commitment Schedule</i>	
<i>Per Pay</i>	<i>Annually</i>
\$3	\$78
\$5	\$130
\$10	\$260
\$15	\$390

\$25	\$650
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**Please Check One:**

- I would like to make a **one-time gift** in the amount of \$\_\_\_\_\_. My check payable to **Presby's Inspired Life** is enclosed.
- I hereby authorize my team members in the Payroll Department to deduct a **one-time donation of** \$\_\_\_\_\_ from my paycheck on the following date: \_\_\_\_\_.
- I hereby authorize the Payroll Department to deduct from my paycheck the sum of (check one):
  - \$3 per pay       \$5 per pay       \$10 per pay       \$15 per pay       \$25 per pay
  - Other amount \$\_\_\_\_\_ per pay

*Please bring my payroll deductions on \_\_\_\_\_ (date).*

***Please Check One:***

- Continue my bi-weekly payroll deductions until I elect to end them by written request.
- Stop my bi-weekly payroll deductions on \_\_\_\_\_ (date).
- I wish to remain anonymous about my gift.
- My donation is in memory of \_\_\_\_\_.
- My donation is in tribute to \_\_\_\_\_.

**Please sign:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ (Required for payroll deductions)

***Please return the completed form to:***  
***The Office of Philanthropy and Mission Support***  
***c/o Lynn Johnson-Porter, VP of Philanthropy***  
***Presby's Inspired Life***  
***2000 Joshua Road***  
***Lafayette Hill, PA 19444***

*The official registration and financial information of Presby's Inspired Life may be obtained from the Pennsylvania Department of State by calling: 1-800-732-0999.  
 Registration does not imply endorsement.*