



## 2019 Partners in Caring Program

### TEAM MEMBER PARTICIPATION FORM

Exceptional. Without Exception.

*Your Exceptional Opportunity to Care!*

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 kindness 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 Needs Fund (Various programs and services for lower-income residents who reside in our Affordable Housing Communities)**
2. **Compassionate Care Fund (Benevolent assistance and life enrichment services for residents in all communities)**

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

(over)

\$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 begin my payroll deductions* on the first payroll date after \_\_\_\_\_ **(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.

**Please sign:**

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

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

***Please return the completed form to:***  
***The Office of Philanthropy and Mission Support***  
***c/o Page Zettlemyer, Director of Annual Giving and Donor Engagement***  
***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.*

**T-shirt Size:** \_\_\_\_\_