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## 2012 Commitment Form

**I want to support the Roper St. Francis Foundation as it continues the mission of *healing all people with compassion, faith and excellence.***

***Please complete this form, sign and date and return it to the Foundation.***

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name(s) for publication \_\_\_\_\_

- I wish to contribute anonymously. Please do not list me in any publications.
- Please send me information about planned giving to the Roper St. Francis Foundation.
- I have already included the Roper St. Francis Foundation in my will or trust.

### **Make your gift safely and easily online at [www.rsfhfoundation.org](http://www.rsfhfoundation.org)!**

I am making a pledge of \$ \_\_\_\_\_.

Amount Enclosed	\$ _____	Amount Due	\$ _____
Payments Beginning On	_____	Payments Ending On	_____

*Consider a recurring gift! The Foundation charges your card on the 5th of every month until otherwise notified.*

I have enclosed a \$ \_\_\_\_\_ check payable to the Roper St. Francis Foundation.

I am paying by credit card. Please charge \$ \_\_\_\_\_ to my:

<input type="radio"/> Visa	<input type="radio"/> MasterCard	<input type="radio"/> Discover	<input type="radio"/> AMEX
Card Number _____	Exp. Date _____		

A matching gift will be made by \_\_\_\_\_  
*A matching gift by your employer can increase the impact of your gift.*

My gift is in honor/memory of \_\_\_\_\_

Please send notification of my gift to \_\_\_\_\_  
*Name and address*

### **I designate this gift to support:**

- |                                                         |                                                     |
|---------------------------------------------------------|-----------------------------------------------------|
| <input type="radio"/> Roper St. Francis Cancer Wellness | <input type="radio"/> Center for Spinal Cord Injury |
| <input type="radio"/> Nursing Scholarship Program       | <input type="radio"/> Roper Rooftop Helipad         |
| <input type="radio"/> Greatest Need                     | <input type="radio"/> Other _____                   |

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

The Roper St. Francis Foundation is a 501(c)(3) (ID #57-1068509). Your gift will help build the future of Roper St. Francis Healthcare as we fund health and give hope to our community.

*Thank you for your support!*

*Roper St. Francis Foundation. Funding Health. Giving Hope.*