



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. Mary's Health System 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. Mary's Health System 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 2025 through last pay period April 2026)

☐ 24 months (first pay period May 2025 through last pay period April 2027)

☐ 36 months (first pay period May 2025 through last pay period April 2028)

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 2025) ☐ Two years (May 2025, 2026) ☐ Three years (May 2025, 2026, 2027)

☐ **Cash/Check:** Payable to St. Mary's Health System. Enclose with form. Return address below.

☐ **Credit Card:** Give securely online at:
[stmarysmaine.com/support-st-marys/
medical-staff-giving-donation-form/](https://stmarysmaine.com/support-st-marys/medical-staff-giving-donation-form/)



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

3. Please sign

Signature _____ Date _____

Questions?

Please contact Deb Anthoine
207-777-8828
danthoine@covh.org

Return forms through
interoffice mail or by U.S. mail:
St. Mary's Health System Foundation
PO Box 7291
Lewiston, ME 04243