



FOREVER *Forward*

Purpose of gift: **Good Samaritan Forever Forward Campaign**

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____
Email: _____

Pledge Up to 5 years

I pledge the following amount: \$1,000 \$2,500 \$5,000 Other \$ _____

Amount per year: _____ for _____ years

Payable: Annually Semi-Annually Quarterly Payroll Deduction

Direct Payment

Gift enclosed \$ _____ make checks payable to *Good Samaritan Hospital Foundation*

TriHealth Employees

I authorize \$ _____ to be deducted from my TriHealth paycheck each pay period for _____ number of pay periods beginning on _____.

Stocks / Securities

Please call Kelly Vance at (513) 862-3742

Signature: _____ Date: _____

How I wish to be listed for recognition: _____

I wish to remain anonymous

I would like my gift in honor of in memory of: _____

Please send notification of this tribute gift to: _____

Address _____

City, State Zip _____

Relationship to above _____

Thank you for your generosity and support of the Good Samaritan Foundation

