CORPORATE SAMARITAN **INSPIRED NEIGHBORS**

YOUR SUPPORT MATTERS

Our journey to make this region one of the healthiest communities in America has only just begun. With the generosity of dedicated donors like you, together we are making an immediate impact to improve the health and quality of life for our friends, neighbors and loved ones in our region.

With a financial gift to St. Elizabeth, you have a tremendous opportunity to help transform our community for generations to come as a Corporate Samaritan.

The Corporate Samaritan program provides many options for support, one payment or as a pledge paid over time, up to four years.

Corporate Samaritans receive recognition in Foundation materials, naming opportunities, and invitations to Samaritan celebration events, depending on the level of support.

Corporate Samaritan

SAMARITAN DIAMOND SOCIETY

SAMARITAN PLATINUM SOCIETY

SAMARITAN GOLD SOCIETY

SAMARITAN SOCIETY

MEMBERSHIP

Samaritan level

SAMARITAN DIAMOND SOCIETY \$100.000

SAMARITAN PLATINUM SOCIETY \$50,000

SAMARITAN GOLD SOCIETY \$25,000

> **SAMARITAN SOCIETY** \$10,000

To become a Corporate Samaritan, please contact: Kurt Moeller, Development Director, Foundation at (859) 301-6049, kurt.moeller@stelizabeth.com



CORPORATE SAMARITAN

COMMITMENT FORM

All gifts are tax deductible to the extent allowed by current law and should be made payable to St. Elizabeth Foundation.

YOUR GIVING INFORMA	•	
Corporation Name (How you wis	h your company name to appear for recognition)	
Contact Name	Number of Employees	
Email	Phone	
Address	City	State ZIP
	Date	
STEP ONE: Choose Your Level	STEP TWO: Choose Your Pledge Term	STEP THREE: Choose Your Frequency
 □ Diamond: \$100,000 □ Platinum: \$50,000 □ Gold: \$25,000 □ Samaritan: \$10,000 	□ 1 year □ 2 years □ 3 years □ 4 years Please note: Corporate Samaritan membership is active for the length of the pledge term period. Event sponsorships	 □ One Payment □ Quarterly Recurring Payments ○ Credit Card ○ Direct Debit Start Date:
Other: Designation:	are not counted toward Corporate Samaritan membership.	☐ Monthly Recurring Payments ○ Credit Card ○ Direct Debit Start Date:
100% of donations go to the work of St. Elizabeth Healthcare.	☐ Send me an invoice.☐ Send me additional information about sponsoring Foundation events.	□ Annual Recurring Payments ○ Credit Card ○ Direct Debit ○ Check Yearly amount:
	FY YOUR PAYMENT DETAILS, COMI	
☐ Credit Card: ○ Discover ○	Mastercard ○ Visa ○ American Express	☐ Check: Payable to St. Elizabeth Foundation.

Security Code

Date

Credit Card #

Exp. Date

Signature*



stefoundation@stelizabeth.com

Return this form to: St. Elizabeth Foundation 1 Medical Village Drive

Edgewood, KY 41017 (859)301-3920 or

^{*} By signing this form, you are agreeing to receive Foundation communications via mail and email, plus invitations to various events.