

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.

Generosity heals. It brings hope. It preserves dignity. It comforts sorrow. And it shapes our region into a more vibrant, resilient and compassionate place to live.

Thanks to donors like you, St. Elizabeth has been right here for generations, ensuring a continuum of outstanding medical care in Northern Kentucky. With your generosity, we will continue this legacy of healing.

Together, we'll make a lasting impact – [right here at home](#).

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 an invitation to the Samaritan celebration event, depending on the level of support.

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 INFORMATION (All lines are required.)

Corporation Name (How you wish your company name to appear for recognition)

Contact Name

Number of Employees

Email

Phone

Address

City

State

ZIP

Signature*

Date

STEP ONE:

Choose Your Level

- ☐ Diamond: \$100,000
☐ Platinum: \$50,000
☐ Gold: \$25,000
☐ Samaritan: \$10,000

Designation:

100% of donations go to the work of St. Elizabeth Healthcare.

STEP TWO:

Choose Your Pledge Term

- ☐ 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 are not counted toward Corporate Samaritan membership.

- ☐ Send me an invoice.
☐ Send me additional information about sponsoring Foundation events.

STEP THREE:

Choose Your Frequency

☐ One Payment

☐ Quarterly Recurring Payments

☐ Credit Card ☐ Direct Debit

Start Date: _____

☐ Monthly Recurring Payments

☐ Credit Card ☐ Direct Debit

Start Date: _____

☐ Annual Recurring Payments

☐ Credit Card ☐ Direct Debit ☐ Check

Yearly amount: _____

IF YOU WISH TO SPECIFY YOUR PAYMENT DETAILS, COMPLETE THE FOLLOWING:

- ☐ **Credit Card:** ☐ Discover ☐ Mastercard ☐ Visa ☐ American Express

Credit Card #

Exp. Date

Security Code

Signature*

Date

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

- ☐ **Check:** Payable to St. Elizabeth Foundation.

Return this form to:

St. Elizabeth Foundation
1 Medical Village Drive
Edgewood, KY 41017
(859)301-3920 or
stefoundation@stelizabeth.com

