



Employee Campaign

I Will Support

Employee Scholarship Fund

Take a Seat

Student Emergency Fund

Unrestricted

Other: _____

Recurring Gift

Step 1: Payment Type

Deduct from each paycheck \$ _____

Charge my CC monthly \$ _____

Step 2: Duration

Continue my gift until I contact I.A. to cancel

End my gift on ____/____/____

One Time Gift

\$ _____

Charge my CC listed below

A check to *Geisinger Commonwealth* is enclosed

Contact me about an estate gift

Contact me about naming opportunities

Name

Phone

Billing Address

Credit Card #

Expiration

CVV

X

Signature Required for both Credit Card or Payroll Gifts

Please return this contribution form to the Office of Annual Giving – Room 1006
Questions? Call Anthony at ext. 1302 or e-mail acernera@som.geisinger.edu

On behalf of the students we serve, thank you for your participation and generosity.