

Fiscal Year 2025 Enrollment Form

Name: Phon	ne number:
Home address:	
City, state, zip: Ema	ail:
O I would like to be recognized as:	
O I would prefer my name <u>not</u> be listed on donor recognition reports.	
Yes! I want to support the Saint Therese	
O My gift is a recurring payroll deduction. \$2.00 minimum per pay period required for recurring gifts. Payroll deductions will start on the next pay period and continue until you notify us.	
O \$20.00 O \$10.00 O \$5.00 O	\$2.00 O Other \$
O 1% of my pay check O 2% of my paycheck O Other %	
O My gift is a one-time gift. O Cash O C O \$50.00 O \$25.00 O \$10.00	•
Gift Designation O White Rose Scholarship Fund O Mark Stanfield Memorial Scholarship Fund O Where needed most	

PLEASE MAKE CHECKS PAYABLE TO: SAINT THERESE FOUNDATION

Scan form to development@sainttherese.org <u>or</u> return to the Human Resources office. Questions? Call Cheri at 952.283.2219



What does your donation support?

White Rose Scholarship Fund: With your support, we can expand the White Rose Scholarship Fund to include scholarships for our staff to further their education and enhance their skills through professional development.

Mark Stanfield Memorial Scholarship Fund: The Mark Stanfield Memorial Scholarship Fund supports the continuing education of therapists with Ascend Rehabilitation who exemplify the excellence of our late colleague, physical therapist Mark Stanfield.

Where it is needed most: Choosing the area of greatest need allows Saint Therese to use your gift where it is needed the most.