

2024 Shannon Charitable Giving Form

I WANT TO SUPPORT SHANNON AND GIVE

_____ **ONE HOUR PER MONTH**
(one-half hour's pay deducted per pay period)

_____ **PIONEER CIRCLE**
(\$1000 per year or \$38.46 per pay period)

_____ **VISION CLUB**
(\$500 per year or \$19.23 per pay period)

_____ **STEWARDSHIP CLUB**
(\$250 per year or \$9.62 per pay period)

_____ **CENTURY CLUB** (Does not qualify for gift.)
(\$100 per year or \$3.85 per pay period)

_____ **OTHER** (Gifts over \$150 qualify for gift.)
I would like to make a one time gift of \$ _____

ANNUAL FUND PROGRAM DESIGNATION PREFERENCE

_____ **Children's Miracle Network**
Provides funds to purchase equipment and support programs needed to deliver the highest quality of care possible for children who utilize the services of Shannon.

_____ **Employee Benevolence Fund**
Provides financial assistance (on a limited basis) to Shannon Team Members who meet criteria for items such as rent, utility bills, and other similar expenditures.

_____ **Gus Eckhardt Lectureship/Trauma Symposium**
Provides an annual lecture of superior medical continuing education for the medical caregivers of our community.

_____ **Nurse Education Fund/Shared Governance**
Provides education opportunities to all Shannon nursing staff members by bringing in speakers and/or offering scholarships to offset conference registration expenses.

_____ **Oncology Angel Fund**
Provides financial assistance to Shannon patients who meet criteria for indigency.

_____ **Patient Benevolence Fund**
Provides assistance for items such as medication, DME, etc. to patients at discharge for return home, at the discretion of Case Management and/or Quality Resources.

_____ **Where Needed Most**
A non-designated gift, added to the current year's budget. The funds are applied to the most needed area as determined by Senior Leadership.

PAYMENT OPTIONS

_____ PAYROLL DEDUCTION _____ INVOICE _____ PERSONAL CHECK (attached)

_____ **Please make my gift anonymous.**
Please do not list my name in any publication listing donors to the Shannon Annual Fund.

_____ **Unfortunately, I'm unable to participate in either campaign this year.**
Anyone who completes a form, whether a gift is given or not, will receive a **FREE MEAL TICKET** for the Shamrock Café Downtown, Frank's Café, or the Shannon South Café.

Employee ID _____ Date _____ X _____

Please sign this form and return to your supervisor or Kevin Castro, Development Office.

Thank you for your gift and consideration!

For information or assistance, please contact **Kevin Castro** at 325-747-6160 or email KevinCastro@ShannonHealth.org.



Make your one time gift online!

Scan the QR code or visit www.ShannonHealth.com/giving

2024 United Way Charitable Giving Form

I WANT TO SUPPORT UNITED WAY AND GIVE

FAIR SHARE GIVER
(one hour's pay per month)

DOUBLE FAIR SHARE GIVER

OTHER
I would like to make a pledge of \$ _____

Please accept my one-time gift of \$ _____
(cash, personal check, or payroll deduction)

UNITED WAY PROGRAM DESIGNATION PREFERENCE

ADACCV (Alcohol & Drug Awareness Center for the Concho Valley)

Boys & Girls Clubs

Children Advocacy Center

CVCAA (Concho Valley Community Action Agency)

Concho Valley Regional Food Bank

Family Shelter

Galilee Community Development

Ozona Community Center

San Angelo Clubhouse

San Angelo Early Childhood Center

West Texas Counseling & Guidance

the YMCA

Please use my donation to invest in the Community Fund.



PAYMENT OPTIONS

PAYROLL DEDUCTION

INVOICE

PERSONAL CHECK (attached)

Please make my gift anonymous.

Please do not list my name in any publication listing donors to the United Way.

Unfortunately, I'm unable to participate in either campaign this year.

Anyone who completes a form, whether a gift is given or not, will receive a **FREE MEAL TICKET** for the Shamrock Café Downtown, Frank's Café, or the Shannon South Café.

Employee ID _____ Date _____ **X** _____

Please sign this form and return to your supervisor or Kevin Castro, Development Office.

Thank you for your gift and consideration!

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