



**Make your one
time gift online!**

Scan the
QR code or visit
ShannonHealth.com/giving

2025 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**
(\$100 per year or \$3.85 per pay period)

_____ **OTHER**
I would like to make a one time gift of \$ _____

All gifts over \$100 annually will receive a special Annual Fund t-shirt!

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 Larry's Kitchen 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.



**SHANNON
ANNUAL FUND**

SMALL - 4XL

**Please tell us
your t-shirt size!**

*For annual gifts of
\$100 or more.*

2025 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



_____ Please use my donation for the United Way Community Fund

_____ Designate my donation to another United Way:

(Please specify which United Way)

_____ Use my donation to help fund United We Read Programs - Dolly Parton's Imagination Library of the Concho Valley

_____ Designate my donation to the following United Way Community Partner(s)

(\$50 minimum donation)

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 Larry's Kitchen 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.