

SAINT VINCENT'S HOSPITAL AND MEDICAL CENTER
ADVANCING THE ART OF HEALING
PAYROLL DEDUCTION

AUTHORIZATION CHANGE FORM

NAME: Jayne D. Rivas, MD
(Please Print)

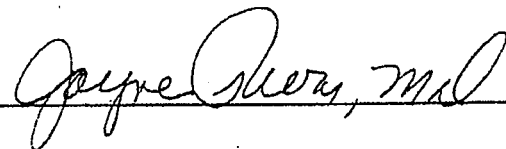
SOCIAL SECURITY NO: _____

REDACTED

I hereby authorize Saint Vincent's Hospital to deduct One Hundred Twenty-eight Dollars and Twenty-one Cents dollars (\$ 128.21) from my pay each pay period toward my pledge to the Capital Campaign, *Advancing the Art of Healing*, until a total amount of \$ 20,000.00 has been deducted.

PLEASE CHECK-OFF APPLICABLE SECTION BELOW:

- New Enrollment
- Change of Amount
- Cease Deduction

Signature: 

Department: Pediatrics

Effective Date: 2/27/96