



## Employee Giving Form

*Thank you for empowering a healthier future for patients and their loved ones!*

*Jefferson Healthcare Foundation is a 501(c)(3) nonprofit organization whose purpose is to enhance the excellence of our region's medical services through charitable contributions that support the projects and programs of Jefferson Healthcare. To join our Employee Giving program, please return this form to Jefferson Healthcare Foundation.*

### Donor Information:

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_ Phone Number/Extension: \_\_\_\_\_ Department: \_\_\_\_\_

E-mail: \_\_\_\_\_

### My gift is:

In appreciation of \_\_\_\_\_

In honor of \_\_\_\_\_

In memory of \_\_\_\_\_

Anonymous

A check made payable to Jefferson Healthcare Foundation is enclosed.

Please charge \$ \_\_\_\_\_ to my/our credit/debit card.

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ CVC: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

### Payroll Deduction:

I authorize Jefferson Healthcare to deduct the following amount **per pay period**:

\$5                      \$10                      \$25  
\$50                      \$100                      Other \$ \_\_\_\_\_ per pay period

I authorize Jefferson Healthcare to make a **one-time payroll deduction** of this amount: \$ \_\_\_\_\_

Please sign here to authorize payroll deduction: \_\_\_\_\_ Date: \_\_\_\_\_

*Your deduction can be changed or cancelled by email request to Jefferson Healthcare Foundation. Please contact Kris Becker at [kbecker@jeffersonhealthcare.org](mailto:kbecker@jeffersonhealthcare.org) for assistance.*