



we care
we give

Employee Annual
Giving Program

Together we will provide the very best of world-class care.

By making a gift today
you will support
John Muir Health's
quality patient care.

What is the Employee Giving Program?

- It is an annual giving program designed specifically for JMH employees, and participation is completely voluntary.
- It is an opportunity for you to make a charitable gift in support of the mission of John Muir Health.
- Your gift can be made through a one-time yearly donation, or you can enroll in payroll deduction.



Together
we can
make all the
difference!

100% of your gift goes
to support the program
or fund of your choice!

- The John Muir Health Fund (General Support)
- Jean and Ken Hofmann Cancer Center
- Behavioral Health Center
- Cardiovascular Services
- Children's Services
- Diabetes Services
- Emergency Services
- Neurosciences
- Nursing Education
- Orthopedic Services
- Physical Rehabilitation Services
- Spiritual Support
- Trauma Services
- Other

And many more...



**JOHN MUIR
HEALTH
FOUNDATION**



Employee Annual Giving Program



You will receive a special button to display proudly on your JMH name badge.

Enroll in 3 Easy Steps!



Choose the Service Area you would like to support



Determine the level and method of giving in the Ways to Give section



Complete and return the form to the Foundation by mail or email!

You can also complete the payroll form directly through Workday through [SharePoint](#)

Guide to Giving

Amount per payroll deduction	Total gift amount in one year
\$3.85*	\$100
\$5.00	\$130
\$10.00	\$260
\$15.00	\$390
\$20.00	\$520
\$25.00	\$650
\$30.00	\$780
\$38.47	\$1,000
\$50.00	\$1,300
\$75.00	1,950
\$100.00	2,600
\$192.30	5,000

*\$3.85 is the minimum gift level

See the impact of your gift!



Yes! I'd like to join my
John Muir Health colleagues
and sign up for payroll deduction.



ways to give

Payroll Deduction

I authorize JMH to deduct \$ _____
per pay period beginning on _____
I understand this payroll deduction will continue until I notify the Foundation to stop my enrollment.

Benefits of Payroll Deduction

- One-time enrollment
- Your donation is included on your W-2 for tax purposes
- Deduction continues until you notify us otherwise

Amount per payroll deduction	Total gift amount in one year
\$3.85*	\$100
\$5.00	\$130
\$10.00	\$260
\$15.00	\$390
\$20.00	\$520
\$25.00	\$650
\$30.00	\$780
\$38.47	\$1,000
\$50.00	\$1,300
\$75.00	1,950
\$100.00	2,600
\$192.30	5,000

*\$3.85 is the minimum gift level to participate in payroll deduction

You may wish to designate your gift to one of the following John Muir Health Service Areas:

- | | | |
|---|---|--|
| <input type="radio"/> The John Muir Health Fund (General Support) | <input type="radio"/> Diabetes Services | <input type="radio"/> Physical Rehabilitation Services |
| <input type="radio"/> Jean and Ken Hofmann Cancer Center | <input type="radio"/> Emergency Services | <input type="radio"/> Spiritual Support |
| <input type="radio"/> Behavioral Health Center | <input type="radio"/> Neurosciences | <input type="radio"/> Trauma Services |
| <input type="radio"/> Cardiovascular Services | <input type="radio"/> Nursing Education | <input type="radio"/> Other* |
| <input type="radio"/> Children's Services | <input type="radio"/> Orthopedic Services | |

**Please select Other if your preferred fund is not listed or if you would like to contribute to multiple funds. The Foundation will reach out to you directly.*

Gift Recognition

- I wish to remain anonymous for recognition purposes.
- I wish to make this gift in honor memory of _____

Your Information

EMPLOYEE ID _____ NAME _____

DEPARTMENT _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE _____ EMAIL _____

SIGNATURE

DATE

This section to be completed by the Foundation

RECEIVED _____ DATE _____

John Muir Health Foundation
1400 Treat Boulevard, Walnut Creek, CA 94597
(925) 947-4449 • employeeegiving@johnmuirhealth.com
www.johnmuirhealth.com/giving



Yes! I would like to join my John Muir Health colleagues and made a financial contribution to ensure the very best care for our families.



I wish to pledge \$ _____ to: _____

You may wish to designate your gift to one of the following John Muir Health Service Areas:

- The John Muir Health Fund (General Support)
- Jean and Ken Hofmann Cancer Center
- Behavioral Health Center
- Cardiovascular Services
- Children's Services
- Diabetes Services
- Emergency Services
- Neurosciences
- Nursing Education
- Orthopedic Services
- Physical Rehabilitation Services
- Spiritual Support
- Trauma Services
- Other*

*Please select Other if your preferred fund is not listed or if you would like to contribute to multiple funds. The Foundation will reach out to you directly.

ways to give

Payroll Deduction

I authorize JMH to deduct \$ _____

per pay period beginning on _____

I understand this payroll deduction will continue until I notify the Foundation to stop my enrollment. **Minimum of \$3.85 per pay period to participate in payroll deduction.**

Benefits of Payroll Deduction

- One-time enrollment
- Your donation is included on your W-2 for tax purposes
- Deduction continues until you notify us otherwise

One-time Gift

Cash/Check (make payable to JMH Foundation)

Amount \$ _____

Credit Card: Visa MasterCard AMEX

Amount \$ _____

Card No. _____

Exp. Date _____ CVV _____

Gift Designation

I wish to remain anonymous for recognition purposes.

Your Information

EMPLOYEE ID _____ NAME _____

DEPARTMENT _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE _____ EMAIL _____

SIGNATURE _____

DATE _____

This section to be completed by the Foundation

RECEIVED _____

DATE _____

John Muir Health Foundation
1400 Treat Boulevard, Walnut Creek, CA 94597
(925) 947-4449 • employeeegiving@johnmuirhealth.com
www.johnmuirhealth.com/giving



Yes! I would like to update my financial contribution to ensure the very best care for our families.



I wish to pledge \$ _____ to: _____

You may wish to designate your gift to one of the following John Muir Health Service Areas:

- The John Muir Health Fund (General Support)
- Jean and Ken Hofmann Cancer Center
- Behavioral Health Center
- Cardiovascular Services
- Children's Services
- Diabetes Services
- Emergency Services
- Neurosciences
- Nursing Education
- Orthopedic Services
- Physical Rehabilitation Services
- Spiritual Support
- Trauma Services
- Other*

*Please select Other if your preferred fund is not listed or if you would like to contribute to multiple funds. The Foundation will reach out to you directly.

update your giving

Payroll Deduction

I would like to **update** my Employee Giving Payroll Deduction

I authorize JMH to deduct \$ _____ per pay period beginning on _____

I understand this payroll deduction will continue until I notify the Foundation to stop my enrollment.

Benefits of Payroll Deduction

- One-time enrollment
- Your donation is included on your W-2 for tax purposes
- Deduction continues until you notify us otherwise

I wish to remain anonymous for recognition purposes.

SIGNATURE _____

DATE _____

Employee Information

EMPLOYEE ID _____

NAME _____

DEPARTMENT _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

PHONE _____

EMAIL _____

This section to be completed by the Foundation

RECEIVED _____

DATE _____

John Muir Health Foundation
1400 Treat Boulevard, Walnut Creek, CA 94597
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www.johnmuirhealth.com/giving

