

JOHN MUIR HEALTH FOUNDATION

campaign

to conquer cancer



we care
we give

Employee Annual Giving Program

Enroll in 3 Easy Steps!



Choose your area of 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!

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

Guide to Campaign Giving

See the impact of your gift!

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



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



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we give**

Employee Annual
Giving Program

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

ways to give

Payroll Deduction

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

to one of the following John Muir Health Service Areas:

*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.*

- The Campaign to Conquer Cancer**
- The John Muir Health Fund (General Support)
- Behavioral Health
- Cardiovascular
- Children's Services
- Diabetes
- Emergency
- Neurosciences
- Nursing Education
- Orthopedic Services
- Physical Rehabilitation
- Spiritual Support
- Trauma

One-time Gift

Cash/Check (make payable to John Muir Health Foundation) Amount \$ _____

Credit Card: Visa MasterCard AMEX Amount \$ _____

Card No. _____ Exp. Date _____ CVV _____

I wish to remain anonymous for recognition purposes.

Employee Information

EMPLOYEE ID _____ NAME _____

DEPARTMENT _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE _____ EMAIL _____

SIGNATURE _____ DATE _____

This section to be completed by the Foundation

RECEIVED _____ DATE _____

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