

I am a Jefferson: (please check one) Faculty Member / Physician Staff Member

First Name Last Name

Title Employee I.D. # (located on your paycheck)

Preferred Address City State Zip

Campus Phone Campus Email

Location: Center City Abington Northeast New Jersey East Falls

Yes, I'm "ALL IN"!

GIFT DESIGNATION

- Better Together (Center City)
- Better Together (Abington-Jefferson)
- Better Together (Jefferson Northeast)
- Employee Emergency Assistance (Jefferson New Jersey)
- Other: _____
(please indicate area of interest)

PAYMENT OPTIONS

- Payroll Deduction
 - Continuing Contribution: \$_____per pay period (deduction will continue until notice to end is provided.)
 - Pledge Payments of \$_____per pay period to reach a total contribution of \$_____.
 - One-time Payment of \$_____.

- Check (payable to Jefferson)
 - Securities (Please call 1-877-JEFF-GIFT.)
 - VISA Discover
 - MasterCard American Express
- Credit Card Auto Payment/Pledge:**
- Once Monthly Annually (July 1st)
 - First payment of \$_____ per month for months ending on _____(date).

Total Contribution: \$_____

Name on Card

Credit Card No. Exp. Date

Donor/Cardholder's Signature
(Please sign if making a payroll pledge or credit card gift.)

Payroll Deduction Examples:
(Based upon 26 pay periods per year)

Pledge Amount	Payment per Pay Period
\$2,500 / year	\$96.16 *
\$1,000 / year	\$38.47
\$500 / year	\$19.23
\$250 / year	\$9.62
\$100 / year	\$3.85

**President's Club Membership gift level*

I hereby authorize and request Jefferson's Payroll Office to deduct the amount(s) designated above from my paycheck each pay period and to remit the withheld amount(s) to Thomas Jefferson University and Jefferson Health.

For continuing contributions: This authorization will continue in effect until termination of my employment with Jefferson or until I submit written notice of cancellation with the payroll office. **Change or cancellation of this authorization must be made in writing.**

THANK YOU FOR YOUR SUPPORT!

Please return form to: Office of Institutional Advancement
130 S. 9th Street, Suite 1700
Philadelphia, PA 19107
T: 215.503.5510
F: 215.503.5084
E: CommunityFundraising@Jefferson.edu
W: Giving.Jefferson.edu/EmployeeGiving

Do not email sensitive credit card information. Please fax instead.