

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 *(Jefferson Northeast)*
- Greatest Need for Jefferson Bucks, Frankford & Torresdale Hospitals
- Nursing Education
- Patient Resource Fund
- 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 Health – Northeast Foundation)*
 - 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).

Payroll Deduction Examples:
 (Based on 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 levels

Total Contribution: \$ _____

I hereby authorize and request the Payroll Department to deduct the amount(s) designated above from my paycheck each pay period and to remit the withheld amount(s) to the Jefferson Health – Northeast Foundation.

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.**

Name on Card

Credit Card No. *Exp. Date*

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

THANK YOU FOR YOUR SUPPORT!

Please return form to: Lara Goldstein
 Office of Institutional Advancement
 10800 Knights Road
 Mansion House, 1st Floor
 Philadelphia, PA 19114 **T:** 215.503.5510
F: 215.612.4952
E: Lara.Goldstein@Jefferson.edu
W: Giving.Jefferson.edu/EmployeeGiving

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