

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



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:

- The John Muir Health Fund (General Support) Nursing Education
 Jean and Ken Hofmann Cancer Center Other* _____
 Children's 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/employee-giving

