

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



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
- Children's Services
- Nursing Education
- 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.

I wish to remain anonymous for recognition purposes.

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.

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

