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

we care
we give
Employee Giving Program

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)
○ 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.*

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 • employeegiving@johnmuirhealth.com
www.johnmuirhealth.com/giving/employee-giving

JOHN MUIR HEALTH FOUNDATION