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

we care we give
Employee Giving Program

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 _____

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