

Employee Giving Pledge Form

Participating is easy! You can make your gift by payroll deduction, credit/debit card, or check. By joining others who support the extraordinary care at West Jefferson Medical Center, you will be recognized on the annual E-Donor Wall.

Required information

Employed with WJMC NOPS LCMC

Name _____

Last 4 digits of SS# _____ Department _____

Home address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____ Email _____

Payroll deduction donation options

The gift chart below shows the impact your payroll deduction gifts can make over a 26 pay period

Annual giving

Total gift of \$ _____ ÷ 26 pay periods = \$ _____ (deduction per paycheck)

Continued giving

By signing up for continuous giving, your payroll deduction will renew automatically until you notify the West Jefferson Hospital Foundation in writing of cancellation. \$ _____ (deduction per paycheck)

One time gift

\$ _____ (deducted from one paycheck)

Other donation options

Check

My gift of \$ _____ is enclosed made payable to the West Jefferson Hospital Foundation

Credit/Debit Card Mastercard VISA Discover American Express

Card # _____ IVC # _____ Exp. date _____

Signature _____

(required for credit/debit card transactions)

On-line donation. Make a secure gift by visiting wjmc.org/donate

Suggested payroll deduction

Per pay period deduction	26 pay period gift total
\$1.92	\$50
\$2.88	\$75
\$3.85	\$100
\$5.76	\$150
\$7.69	\$200
\$9.62	\$250
\$11.54	\$300
\$15.38	\$400
\$19.23	\$500
\$28.85	\$750
\$38.46	\$1,000
\$57.69	\$1,500
\$96.15	\$2,500

Giving options

Please use my gift to:

Support the Friends of West Jeff Fund (area of greatest need)

Support the Care House

Support Employee Assistance Fund

Support the following area

(include department or program) _____

Please return your completed form to the Foundation Office, Physicians Office Building, **Suite N-809**, or scan and email to wjhfoundation@LCMHealth.org



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