West Jefferson Hospital Foundation

Employee giving pledge form

Required information

Name_____

Employee number_____ 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 periods

O **Annual giving**
Total gift of $_____÷ 26 pay periods = $_____ (deduction per paycheck)

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

O **One-time gift**
$_____ (deducted from one paycheck)

Other donation options

O **Check**
My gift of $_____ is enclosed made payable to the West Jefferson Hospital Foundation
Mail to: 1111 Medical Center Blvd., Suite N-201, Marrero, LA 70072

O **Credit Card:** Make a secure gift by visiting **wjmc.org/employeegiving**

Giving options

Please use my gift to:

O Support the Friends of West Jeff Fund (area of greatest need)
O Support the Care House
O Support Employee Assistance Fund
O Support the following area
(include department or program)_____

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

Please scan and email your completed form to
wjhfoundation@LCMChealth.org

West Jefferson Medical Center
LCMC Health

21-16159-091426