

Employee giving pledge form

By joining others who support the extraordinary care at West Jefferson Medical Center, you can be recognized on the annual employee giving photo gallery.

Required information

Employed with WJMC NOPS LCMC Health

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/employeeegiving

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) _____

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 return your completed form to the Foundation Office, 4413 Wichers Dr., Suite 203, or scan and email to wjhfoundation@LCMHealth.org



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