

St. John's Healthcare Foundation Employee Giving Campaign

Employee Information

Name: _____ Employee ID: _____

Email: _____ Department: _____

Area of Support

- Area of greatest need
- SJRMC Cancer Center
- Community health outreach programs, including food pantry
- Nursing improvements fund
- Other: _____

How to Give

Giving online is easy at supportstjohns.org/donate or fill out this form and return to your fundraising office.

- Check donation: \$ _____
- Ongoing payroll deduction donation:
 - \$5,000 annual (\$192.31 per pay period)
 - \$2,500 annual (\$96.15 per pay period)
 - \$1,000 annual (\$38.46 per pay period)
 - \$500 annual (\$19.23 per pay period)
 - \$497.12 annual (\$19.12 per pay period - to honor the year the hospital was founded)
 - \$260 annual (\$10.00 per pay period)
- One-time payroll deduction donation: _____
- Paid time off (PTO) donation:
 - Ongoing donation of _____ PTO hour(s) per pay period
 - One-time donation of _____ PTO hour(s)

I understand that (1) In order to donate the PTO hours elected, I must have a minimum of 80 hours in my PTO account at the time I make this election. If there are insufficient hours to cover my election, no donation will occur. (2) PTO donations are subject to all applicable payroll taxes and will be reported as wages on my IRS W-2 form in the calendar year in which the PTO hours are donated.

Signature (required):

- Credit card: \$ _____ Please charge my: Visa MasterCard AmEx
- One-time Quarterly Semi-annually Monthly

Name as it appears on card _____

Credit card number: _____ Expiration date: _____

For questions, please contact St. John's Healthcare Foundation at 805-988-2868