



Employee Giving Form

Name _____ Employee E#: _____

Department/Champion: _____

Personal Phone _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Donation Type

Payroll Deduction

\$ _____ Recurring Payroll Deduction

Will be deducted each pay period in perpetuity, until you notify the Foundation to discontinue.

\$ _____ One-time Payroll Deduction

Deduction will take place during next payroll cycle.

OR

One-Time Donation

Check

Cash

Credit Card

Gift Amount: \$ _____

Card #: _____

Expiration Date: _____

Security Code: _____

Billing Zip Code: _____

Designate My Gift To (Select One)

Priority Fund

ACE TEAM MEMBER CRISIS FUND: To support our JMC team members experiencing financial hardship during an emergency or crisis.

JMC's Greatest Need

Gastroenterology

Pediatrics

Orthopedics

New Patient Care

Nursing Education

Imaging

Women's & Children's

Tower Programs

Emergency Department

Neurology

Other Service Area

Urology

Heart & Vascular

Oncology

Signature & Recognition

I authorize Jupiter Medical Center to deduct the amount indicated, on an after-tax basis, from my pay and send it to the Jupiter Medical Center Foundation. Donations will be used at the discretion of the senior leadership team.

Employee Signature _____ Date ____/____/____

This gift is anonymous. Please do not include my name in any recognition listings

Completed forms should be sent to employeegiving@jupitermed.com

If you have any questions about making a gift to Jupiter Medical Center, please contact the Foundation at 561-263-5728

Jupiter Medical Center Foundation is a 501(c)3 not-for-profit organization as designated by the Internal Revenue Service. Contributions are tax deductible to the extent provided by state and federal law. Our Federal Tax Identification Number is 65-0132406

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-HELP-FLA OR ONLINE AT FDACS.gov