

## 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 [employeeegiving@jupitermed.com](mailto:employeeegiving@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](http://FDACS.gov)**