

UNITEAM/CARE CLUB

I want to join the Uniteam/CARE Club with fellow Team Members through my annual gift to the East Jefferson General Hospital Foundation. I will contribute ongoing to be recognized at the annual membership level indicated below and elect to have my contribution made through payroll deduction at the amount indicated.¹

_____ \$38.50 per pay period
CARE Club - Platinum Level*

Other: \$ _____ per pay period
(\$40 and above)

_____ \$20.00 per pay period
CARE Club - Gold Level*

_____ \$10.00 per pay period
CARE Club - Silver Level*

_____ \$5.00 per pay period
CARE Club - Bronze Level *

_____ \$2.00 per pay period
CARE Club - Friends Level*

(PLEASE PRINT INFORMATION BELOW)

Name: _____ E-Mail Address: _____

Street Address _____ City _____ State _____ Zip Code _____

Work Phone: _____ Home Phone: _____

Department Name: _____ Team Member #: _____

Birth Date: _____ Date of Employment: _____

I authorize a payroll deduction of the amount indicated above per pay period as my gift to The Foundation of East Jefferson General Hospital.

Signature _____ Date _____

Please submit completed application to The Foundation Office. Thank you!

Foundation Office Use Only:
Received by: _____ Date: _____
Date Sent to Payroll Dept: _____ Copy to File (✓): _____

¹ You may change or revoke this authorization by notifying the Foundation Office. Donations are tax-deductible to the extent allowed by law. No goods or services have been given as a condition of your gift. For additional information call 780-5800.

* Automatic membership in the Humanitarian Fund. \$1.00 of your donation is designated each pay period.