

PAYROLL DEDUCTION AUTHORIZATION

Full Name _____
 Home Address _____
 City, State, Zip _____
 Work Phone _____
 Mobile _____
 Email _____
 Employee ID _____
 Title _____
 Dept. / Site _____

I WOULD LIKE MY DONATION TO BENEFIT:

- The Fund for PMC (formerly Annual Fund)
- Employee Benevolent Fund
- Project Thrive
- Other _____

I OFFER MY SUPPORT IN THE AMOUNT OF:

- | | |
|--|--|
| <input type="checkbox"/> \$1.00 per pay period (\$26 / year) | <input type="checkbox"/> \$1.93 per pay period (\$50 / year) |
| <input type="checkbox"/> \$3.85 per pay period (\$100 / year) | <input type="checkbox"/> \$9.62 per pay period (\$250 / year) |
| <input type="checkbox"/> \$19.25 per pay period (\$500 / year) | <input type="checkbox"/> \$38.48 per pay period (\$1,000 / year) |
| <input type="checkbox"/> Other amount \$ _____ per pay period | <input type="checkbox"/> \$ _____ as a one-time gift! |

- Check here if you wish to indicate a stop date for your payroll deduction.
 Please stop this payroll deduction after _____ years.

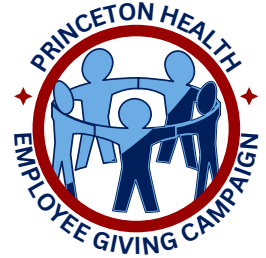
Print name(s) as you wish to be recognized: _____
 If you would like to give ANONYMOUSLY (without public recognition), please write **ANONYMOUS** above.

I hereby authorize my employer, Penn Medicine Princeton Health, to deduct from each paycheck the amount listed above for my charitable contributions to Princeton Medical Center Foundation. I understand that I may withdraw from this plan or alter it at any time by making a written request to the Princeton Medical Center Foundation. I understand that my payroll deductions for Princeton Medical Center Foundation are tax-deductible to the extent provided by law. I will receive an acknowledgement for tax purposes on a yearly basis from the Foundation.

 Employee Signature (Required)

 Date

Please return this signed and completed form to the Foundation by emailing to PMCF-Donations@PennMedicine.Upenn.edu or via interoffice mail in an envelope marked "Confidential."
 Questions? Contact us at 609.252.8710 or PMCF-Donations@PennMedicine.Upenn.edu



WHAT YOUR GIFT DOES

PROJECT THRIVE

Project Thrive, a new program started in 2022, is designed to identify and help eliminate barriers to health and success for our workforce. The program will offer support in areas such transportation, continuing education, wellness, and career advancement. A few initial projects that are being developed are:

- Farmer's Market
- Gas Vouchers & Ride-Share program
- Yoga, Peer-to-peer emotional support
- Financial Literacy courses
- ESL classes

EMPLOYEE BENEVOLENT FUND

The Employee Benevolent Fund provides financial support to Princeton Health employees in times of unusual need. Examples of how the fund supports fellow employees:

- Medical and dental expenses not covered by insurance, and after the deductible is met
- Impending eviction/foreclosure
- Expenses related to an unanticipated family emergency affecting the employee
- Unexpected transportation repairs preventing the employee from going to work
- Expenses related to a "major disaster" as declared by a state or federal official

THE FUND FOR PMC (FORMERLY THE ANNUAL FUND)

Annual Giving enables Princeton Health to Provide outstanding patient care by funding current needs and build for the future. Unrestricted gifts are dedicated to the areas and programs where the need is greatest. A few examples of the areas that are supported by Annual Giving include:

- Continuously investing in technological advancements which ensures accurate and timely care.
- The support of education and professional development which translates to positive patient outcomes and high patient satisfaction.
- Help to provide prescription drugs, especially costly drugs such as inhalers and insulin, for uninsured and underinsured patients.

**IF YOU WOULD LIKE TO MAKE A ONE TIME GIFT,
PLEASE VISIT US AT: [PRINCETONHCS.ORG/DONATE](https://princetonhcs.org/donate)
OR SCAN THE QR CODE**

