



I am an Abington-Jefferson: (please check one)

Staff Member

Physician

First Name

Last Name

Title

Employee I.D. # (located on your paycheck)

Preferred Address

City

State

Zip

Campus Phone

Campus Email

Yes, I'm "ALL IN"!

GIFT DESIGNATION

Abington Hospital Funds

- Asplundh Cancer Pavilion (Greatest Need) - 26461
- Abington Center for Newborn Wellness - 28861
- Behavioral Health Unit - 26485
- Better Together Fund - 26498
- Community Benefit - 26447
- Corinne Santerian Newborn Center - 2684
- Diamond Stroke Center - 2650
- Family Medicine Residency Fund - 2748
- Fitness Center Fund - 28630F
- Frobese Fund for Medical Education - 29144
- Gribbel Special Needs Fund - 2914
- Hartnett Health Services - 27420
- Heart and Vascular Institute - 26456
- Hospice Program - 2755
- Innovators' Circle - 28771
- Muller Institute for Senior Health - 2656
- Neurosciences Institute - 2887
- Nurse Development Fund - 2827
- Orthopedic and Spine Institute - 27778
- Pennock Emergency Trauma Center - 2774
- MLK Community Benefit & Diversity Fund - 2835
- Safe Harbor - 2629
- Technology - 2725 (Sim Tech)
- Tesouro Special Care Nursery - 2769

Abington - Lansdale Hospital Funds

- Annual Fund - 27773
- Better Together Fund - 26498
- Community Benefit - 27781
- Emergency Services - 27770
- Greatest Need (Healing Environment) - 27784
- Orthopedic and Spine Institute - 27778
- Pet Therapy Program - 27776
- Staff Development/Education Fund - 27772
- Technology Fund - 27785

PAYMENT OPTIONS

Payroll Deduction

- Continuing Contribution:** \$_____per pay period (deduction will continue until notice to end is provided.)
- Pledge Payments** of \$_____per pay period to reach a total contribution of \$_____.
- One-time Payment** of \$_____.

Check (Payable to "Abington Health Foundation")

PAYROLL DEDUCTION EXAMPLES

(Based on 26 pay periods per year)

Pledge Amount	Payment per Pay Period
\$2,500 / year	\$96.16 *
\$1,000 / year	\$38.47 *
\$500 / year	\$19.23
\$250 / year	\$9.62
\$100 / year	\$3.85

*President's Club Membership gift levels

I hereby authorize and request the Payroll Department to deduct the amount(s) designated above from my paycheck each pay period and to remit the withheld amount(s) to the Abington-Jefferson Health Foundation.

For continuing contributions: This authorization will continue in effect until termination of my employment with Jefferson or until I submit written notice of cancellation with the payroll office. **Change or cancellation of this authorization must be made in writing.**

Total Contribution: _____

Donor's Signature

(Please sign for payroll pledge.)

Please return form to:

Christin Cliggett
Abington Health Foundation
Dixon Building, 1st Floor
1200 Old York Road
Abington, PA 19001
T: 215.481.2304
F: 215.481.8965
E: Christin.Cliggett@Jefferson.edu
W: Give.AbingtonHealth.org/EMP