

You're the Key to our Success

2018 Payroll Deduction Authorization

Thank you for all you do for
Princeton Health!

Name: _____

Title: _____

Home Address: _____

Dept. / Site: _____

City, State Zip: _____

I would like my donation to benefit:

Work Phone: _____

The Annual Fund: _____

Home Phone: _____

Employee Benevolent Fund: _____

E-Mail: _____

A specific area of PMPH: _____

I offer my support in the amount of:

___ \$1.00 per pay period (\$26 per year)

___ \$1.93 per pay period (\$50 per year)

___ \$3.85 per pay period (\$100 per year)

___ \$9.62 per pay period (\$250 per year)

___ \$19.25 per pay period (\$500 per year)

___ \$38.48 per pay period (\$1,000 per year)

___ Other amount \$ _____ per pay period

\$ _____ 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.

___ I would like to make my gift in **honor** of or in **memory** of: (name) _____

Address for recipient's notification of gift: _____

Print name(s) as you wish to be recognized in the Annual Report: _____

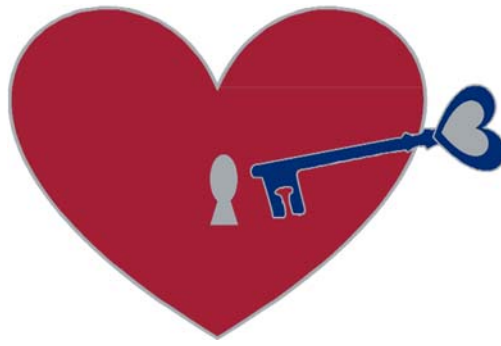
or if you would like to give **anonymously** (without public recognition), please write **ANONYMOUS** above.

I hereby authorize my employer, 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.

Signature: _____ Date: _____

(Required)

Please return this signed and completed form to Alison Lauck at Princeton Medical Center Foundation via interoffice mail in an envelope marked "Confidential." Questions? Call the Foundation Office at 609.252.8719 or e-mail alauck@princetonhcs.org



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WHAT YOUR GIFT DOES

Support the Annual Fund:

Specialized training
Purchasing advance technology
Bristol-Myers Squibb Community Health Center
Community health services
On-going patient needs
Internal grants

Internal Grants examples:

Crisis Intervention and Prevention Training

Behavioral Health Work Group, Nursing Dept., Dept. of Psychiatry

Enhancing Vestibular Rehabilitation at UMCP

Outpatient Rehabilitation Network

Home Infusion Teaching Sheets

Princeton HomeCare Services

Improving Decision-Making in the Critical Care Unit: A Four Step Model Approach

Critical Care Unit

Perinatal Bereavement Program

Maternal Child Health

Princeton Community Obesity Clinic

Department of Medicine

Total Control Wellness Program

Community Education & Outreach

Employee Benevolent Fund

Helping our colleagues in a time of financial need