

2017 Employee Campaign Pledge Form

**Robert Wood Johnson
University Hospital
Somerset**

**RWJBarnabas
HEALTH**

Name: (please print) _____ Phone: _____ - _____ - _____

Dept: _____ Employee ID# _____

Email Address: _____

Work Address: _____

Home Address (for receipt): _____

Street Address

City/State/Zip

Signature Required _____

Gift Designation

Please designate my gift to: _____ Annual Fund _____ Cardiology Fund _____ Employee Emergency Fund

Campus designation: _____ RWJ Somerset _____ RWJ New Brunswick _____ Divide equally by campus

Payroll Deduction

Payroll deductions begin the first pay period in January 2017 and continue through the final pay period of 2017. Pledges do not carry over from year to year. Note: There are 26 pay periods per year.

| | | |
|----------------------|-------------|---------------------------------------|
| _____ Other \$ _____ | _____ \$312 | \$6 per week or \$12 per pay period |
| _____ \$2,600 | _____ \$260 | \$50 per week or \$100 per pay period |
| _____ \$2,080 | _____ \$208 | \$40 per week or \$80 per pay period |
| _____ \$1,040 | _____ \$156 | \$20 per week or \$40 per pay period |
| _____ \$780 | _____ \$104 | \$15 per week or \$30 per pay period |
| _____ \$520 | | \$10 per week or \$20 per pay period |

I pledge a one-time payroll deduction \$ _____

Check / Credit Card (check one):

_____ Enclosed is my check for \$ _____ made payable to The Somerset Health Care Foundation.

_____ Please charge my gift of \$ _____ to my credit card _____ MC _____ Visa _____ Amex _____ Discover

Account # _____ Exp. Date: _____ Security Code _____

Thank you for your generous participation!

Please return this form in the envelope provided, in person or via interoffice mail to Heather Vail, Somerset Health Care Foundation, 110 Rehill Avenue, Somerville, NJ 08876. You can also scan and email to: Heather.Vail@RWJBH.org. All gifts must be received before Friday, December 9, 2016.