



2023 JACKSON HEALTH SYSTEM EMPLOYEE CAMPAIGN

*First Name _____ *Last Name _____

*Jackson Facility _____ *Department _____

*Badge ID Number _____ * Cell Number _____

*Email _____

** Required fields*

Read and sign below acknowledging that you understand and agree with each statement.

- I understand that the entire amount charged to my payroll account during a pay period will be deducted from my paycheck based on the designation below.
- I am responsible for retaining any documentation to support and to assist any disputed charges.

One-Time Donation

I would like to make a one-time gift of:

\$10 \$20 \$50 \$100 Other Amount \$ _____

OR

Bi-Weekly Payroll Deduction Donation

I would like to make a bi-weekly payroll deduction gift of:

\$5 \$10 \$25 Other Amount \$ _____

For questions or to submit your form, please contact Alexandra Salcedo at Alexandra.Salcedo@jhfmiami.org or by phone at (305) 585-GIVE (4483).

Signature _____

Date _____

Thank you for your generosity.