

## Employee Pledge Form

### STEP1: Choose One Designation



- ☐ Fund for Excellence
- ☐ BMS Children's Hospital
- ☐ Cancer Hospital
- ☐ RWJUH Employee Emergency Fund
- ☐ Other: \_\_\_\_\_



- ☐ Annual Fund
- ☐ Steeplechase Cancer Center
- ☐ Cardiovascular Program
- ☐ RWJUH Employee Emergency Fund
- ☐ Other: \_\_\_\_\_

### STEP2: Choose Your Amount and Payment Method

#### Payroll Deduction Options:

- ☐ \$3.85/pay (\$100 a year)
- ☐ \$9.62/pay (\$250 a year)
- ☐ \$19.24/pay (\$500 a year)
- ☐ \$38.47/pay (\$1000 a year)
- ☐ \$\_\_\_\_\_/pay

Payroll deductions begin the next pay period.

(Deduction amount and designation can be modified or cancelled at any time by contacting either Foundation)

#### Additional Options:

\$\_\_\_\_\_ as a one-time gift

- ☐ Enclosed is my check
- ☐ Charge my credit card

☐ AMEX ☐ VISA ☐ MC ☐ Discover

Name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_

CSV: \_\_\_\_\_

### STEP 3: Confirm Your Information

Select your campus: ☐ New Brunswick  
☐ Somerset Campus

Name(s): \_\_\_\_\_  
(Please print your name(s) exactly as you would like it/them to appear in recognition materials)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

☐ I prefer this gift to remain anonymous

**CARES15A**

Send check and/or completed form through hospital mail or to:  
RWJ University Hospital Foundation, 10 Plum St., Suite 910, New Brunswick, NJ 08901