

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/ year)
- ☐ \$9.62/pay (\$250/year)
- ☐ \$19.24/pay (\$500/year)
- ☐ \$38.47/pay (\$1000/year)
- ☐ \$_____/pay

Payroll deductions begin the next pay period and continue until cancelled. Deduction amount and designation can be modified or cancelled at any time by contacting either Foundation.

Additional Options:

- \$_____ as a one-time gift/pledge
- ☐ Enclosed is my check
 - ☐ Pledge payment date: _____
 - ☐ 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

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