

Team Member Giving Form

Here's How you can Help the Hospital and Our Patients.

- Make a biweekly donation of \$10 or more through payroll deductions to support SJEH projects and programs through the St. John's ICARE Foundation. Join now and commit to one year and you will receive a **\$25 gift card to The ICARE Shop!** Complete the form below.
- Make a one-time online donation of \$250 or more now and receive a **\$25 gift card to The ICARE Shop.** Donate \$1,000 or more now, and your name will be added to the Circle of Caring Wall of Honor in the Lobby. Donations of any amount are greatly appreciated and can be made online at sjicarefoundation.org/give
- You can also make a check payable to St. John's ICARE Foundation and send it to the address below.



All proceeds from Team Member Giving go directly to St. John's Episcopal Hospital's new Labor, Delivery, Recovery, and Postpartum Unit.

Donation – an excellent way to support your hospital!

Team Member Information

First Name _____ M.I. _____ Last Name _____
Contact Address _____
City _____ State _____ Zip Code _____
Phone _____ Email _____
Hospital Extension _____ Department _____ Hospital Email _____

Authorization for Voluntary Biweekly Payroll Deduction Donation

Your giving total through payroll deductions will appear on your end-of-the year W2 statement. You may change your amount or cancel at any time.

Yes! Please register me for payroll deductions.

The last four digits of my Social Security Number are: _____

Biweekly Payroll Deduction (\$10 minimum) \$ _____ To commence with the 1st pay period after submitting the form.

For one year, for a total of _____ For two years, for a total of _____

I hereby authorize St. John's Episcopal Hospital to make the above deductions from my pay in accordance with the above terms. I further understand and agree that deductions will be made after any federal or state requirements are met.

Signature _____ Date _____

Recognition Information I want my gift to remain anonymous.

Please enter how you would like your name to appear on all recognition materials. _____

Please email completed form to: gcampbel@ehs.org

Questions?

St. John's ICARE Foundation
377 Oak Street, Suite 209
Garden City, NY 11530
Attention: Nancy Leghart, Executive Director.

Contact Gwynn Campbell at **718-869-8054**
or gcampbel@ehs.org

THANK YOU FOR YOUR GENEROUS SUPPORT!

S T . J O H N ' S
ICARE
FOUNDATION

Team Member Voluntary Payroll Deduction for Special Fundraising Event Tickets

Team Member Information

First Name _____ M.I. _____ Last Name _____

Contact Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Hospital Extension _____ Department _____ Hospital Email _____

Yes, please register me for payroll deductions. The last four digits of my Social Security Number are: _____

Deduction Type – (Check all that apply)

Blue Phoenix Gala – June 5, 2025

Sign up no later than March 24, 2025

Ticket Price	Bi-Weekly Deduction	Payroll Cycles
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<input type="checkbox"/> \$200 (1 team member)	\$50	4
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<input type="checkbox"/> \$1,000 (team member plus guest)	\$200	5
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Invitational Golf Tournament Dinner – October 9, 2025

Sign up no later than August 24, 2025

Ticket Price	Bi-Weekly Deduction	Payroll Cycles
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\$180	\$60	3
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Signature _____ Date _____

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Garden City, NY 11530

Attention: Nancy Leghart, Executive Director.

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