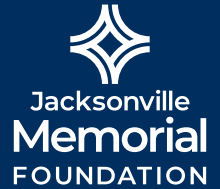


Colleague Giving Campaign



Please fill out form completely and email to JMFoundation@mhsil.com or return to Jacksonville Memorial Foundation | Ground floor | 1600 W. Walnut St. | Jacksonville, IL 62650

Donor Information

NAME	COLLEAGUE ID	PHONE
EMAIL	AFFILIATE	DEPT. NAME
SIGNATURE	DATE	

By signing this form, I acknowledge and agree that I am donating to the Jacksonville Memorial Foundation.

Method of Payment

One-time donation (\$5 minimum)

<input type="radio"/> CASH AMOUNT \$	<input type="radio"/> CHECK AMOUNT \$	<i>Make checks payable to Jacksonville Memorial Foundation.</i>				
<input type="radio"/> CREDIT CARD AMOUNT \$	CARD #	EXP.	SECURITY CODE			
<input type="radio"/> PAYROLL DEDUCTION I authorize a one-time pledge of \$						
<input type="radio"/> PTO* (8-hour increments)	<input type="radio"/> 8 hours	<input type="radio"/> 16 hours	<input type="radio"/> 24 hours	<input type="radio"/> 32 hours	<input type="radio"/> 40 hours	<input type="radio"/> Other

Per-pay donation through payroll deduction (\$1 per pay minimum)

<input type="radio"/> I PLEDGE \$	PER PAY.	26 pay periods per year; June 2024 – May 2025
<input type="radio"/> I AUTHORIZE A CONTINUAL PLEDGE OF \$	PER PAY.	<i>I understand my pledge will automatically renew each year.</i>

Unrestricted/Restricted

- Greatest Need Fund** – Unrestricted to use where the need is greatest.
- Please restrict my donation to:**
 - Chaplain's Assistance Fund
 - Colleague Emergency Financial Assistance
 - Community Health Projects
 - Healthcare Career Education

*AS A PTO DONOR, I UNDERSTAND THAT:

- My PTO donation must be in eight-hour increments.
- My entire PTO donation will be withdrawn at my current rate of pay at the time of processing.
- I must have 40 hours PTO remaining after the donation is withdrawn. If I do not, my donation will be reduced in eight-hour increments to leave me with no less than 40 hours PTO.
- Once it is withdrawn, my PTO donation is irrevocable.
- My PTO donation has no effect on my accrued sick leave, nor may I donate any accrued sick leave.
- My donation to the Foundation will be net of tax and pension withholding.
- My net donation is tax deductible to the fullest extent permitted by federal and state tax law.

Every year, Memorial Health colleagues have the opportunity to make a difference in our organization by giving back through the Colleague Giving Campaign.

Whether big or small, these gifts have a great impact on our colleagues and the people and communities we serve. Your donation will remain local, helping fund initiatives to improve the health and well-being of your co-workers, friends and neighbors here in Morgan County and west central Illinois.



Make your gift online here or scan the QR code.
memorial.health/jmf-colleague-giving



DURING THE MONTH OF APRIL, COLLEAGUES CAN SUBMIT DONATIONS VIA CASH, CHECK, CREDIT CARD OR PAYROLL DEDUCTION. PTO DONATION IS ALSO AVAILABLE.

Unrestricted Donations

Foundation trustees allocate "Greatest Need" donations for colleague advanced certificates, patient care, community health programs and medical equipment.

Restricted Donations

You can choose to direct your donation to one of the following areas:

- Chaplain's Assistance Fund
- Colleague Emergency Financial Assistance
- Community Health Projects
- Healthcare Career Education

Chaplain's Assistance Fund

Provides prescription medicine, medical supplies and equipment to discharged patients who cannot afford medical care.

Colleague Emergency Financial Assistance

Supports JMH colleagues experiencing a catastrophic event with emergency financial assistance.

Community Health Projects

Building stronger communities through better health takes our mission outside the hospital walls. We're improving the health of our community with early cancer detection screening events for skin, colon and kidney testing.

Healthcare Career Education

Tuition grants support healthcare career goals of community students with a required work commitment at JMH upon completion of degree.