Albert Einstein Healthcare Network
Einstein
Jefferson Health System

Development Department

PAYROLL DEDUCTION FORM

Please print clearly

EMPLOYEE INFORMATION

Employee Name

Street address Apartment or suite number

City State Zip

Home phone

Social Security Number

AEHN Department and Location

AEHN Phone Extension

AEHN Email address

Sample Pledges and Deductions

Deduction per paycheck	Annual Deduction*
$5	$130
$10	$260
$15	$390
$20	$520
$25	$650
$50	$1,300
$75	$1,950
$100	$2,600

**There are 26 paychecks/year*

I hereby authorize a voluntary deduction from my paycheck to support AEHN's

- ❑ Unrestricted Annual Fund
- ❑ Direct Patient Care
- ❑ Education
- ❑ Research/Scientific Discovery
- ❑ Community Programming
- ❑ Endowment Fund

Amount per paycheck: $_____ Number of payments: _____ Total contribution: $_____

Signature of Employee (required for payroll deduction) Date

I hereby authorize AEHN to deduct from my salaries and wages the amount specified now or in the future for philanthropic gifts for which I have agreed. This authorization will remain in effect until the date specified above or until cancelled by AEHN or me.

Please submit this form to the Development Department – Braemer Building

Annual gift acknowledgements will be provided for tax purposes.

For office use only:

HR – Deduction start date: _____ (mm/dd/yy) Deduction end date: _____ (mm/dd/yy)

Authorized by: _____

Raiser's Edge date of entry: _____

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