



# Payroll Deduction for St. Jude Children's Research Hospital

## *I'm Making a Difference for St. Jude Kids*

### Donor Information

Name: Dr/Mr/Ms/Mrs First \_\_\_\_\_ Last \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ Zip \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  Cell Employee Number \_\_\_\_\_  
E-mail \_\_\_\_\_

### *I Am a Workplace Giving Partner for St. Jude Kids*

As a workplace giving partner, you will make a difference in the lives of St. Jude children by providing the funds to pay for chemotherapy, radiation, and surgeries our patients need. Whatever amount you choose, your dollars will help St. Jude continue to care for children with deadly diseases and make sure that no family ever pays St. Jude.

**Please deduct the following amount from my paycheck**  Weekly  Bi-weekly  Monthly  
\_\_\_\_ \$5 \_\_\_\_ \$10 \_\_\_\_ \$15 \_\_\_\_ \$20 \_\_\_\_ \$25 \_\_\_\_\_ Other

**Increase: Please increase my deduction to the following amount from my paycheck**  Weekly  Bi-weekly  Monthly  
\_\_\_\_ \$5 \_\_\_\_ \$10 \_\_\_\_ \$15 \_\_\_\_ \$20 \_\_\_\_ \$25 \_\_\_\_\_ Other

**One Time Donation**  
\_\_\_\_ \$50 \_\_\_\_\_ \$ other amount

#### *Method of payment*

**Cash**  **Personal Check** Check # \_\_\_\_\_

**Credit Card**  Visa\_  Mastercard\_  American\_Express  Discover  
Card # \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_

Please sign to authorize your employee giving payroll deduction and/or your credit card charge for a onetime donation.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*I authorize my employer to deduct the specified amount from each paycheck I receive. I understand that this authorization continues unless cancelled by me in writing.*

**THANK YOU FOR MAKING A DIFFERENCE IN THE LIVES OF ST. JUDE KIDS**

For more information about Workplace Giving for St. Jude visit [www.stjude.org/workplacegiving](http://www.stjude.org/workplacegiving)  
Workplace Giving 800-894-3592