

Better Together.

Mather Employee & Volunteer Giving Program

1. MY CONTACT INFORMATION (REQUIRED) Please Print

Name _____ Department _____
 Home Address _____
 Town _____ State _____ Zip _____
 Email _____ Phone # _____

2. MY GIFT (Any gift amount is appreciated)

ENROLL IN PAYROLL DEDUCTION

Choose one

I receive 24 pay periods per year

I receive 26 pay periods per year

I authorize Mather Hospital to deduct the amount below from each paycheck until I notify The JTM Foundation to stop the deduction or I am no longer an employee of Mather Hospital.

Other: # of payroll deductions _____

TOTAL AMOUNT PER PAY CHECK

This deductions begins first paycheck of 2025

\$

ONE-TIME GIFT

CREDIT CARD

VISA MC AMEX DISC

Name on Card _____

Card# _____

Expiration Date: _____ Code: _____

Or CHECK

Make check payable to: **JTM Foundation**

TOTAL GIFT

\$

3. MY GIFT OPTIONS (check all that apply) See reverse for gift level examples.

Legacy Campaign I would like to support the Capital Building Projects

- New Emergency Department Enhanced Surgery Center
- New Caregivers Center Outpatient behavioral and mental health program facility
- Beautification of Hospital Courtyard

Brick paver approx. 4x8 ___ 1 for \$ 500 ___ 2 for \$750 ___ 3 for \$1000

3 lines of copy with approximately 14 characters across

Line one _____

Line two _____

Line three _____

(A space is considered a character)

Garden bench 6' \$7,500

___ \$288 per paycheck for one year

___ \$144 per paycheck over two years

Garden bench 4' \$5000

___ \$192 per paycheck for one year

___ \$96 per paycheck over two years

3 lines of copy with approximately 25 characters across

Line one _____

Line two _____

Line three _____

___ Direct donation (No brick paver)

___ Other hospital program I want to support _____



See reverse side for payroll deduction schedule based on the number of paychecks you receive in one year

4. MY SIGNATURE and People ID # needed to authorize contribution

Sign Name: _____ Northwell People # _____ Date: _____

Please return form to: Laura Juliano at ljuliano1@northwell.edu or mail to:
 Mather Hospital, JTM Foundation | 75 North Country Road | Port Jefferson, | New York | 11777 Your
 contribution is 100% tax deductible

Make your gift online at matherbettertogether.org Thank you for your support!

The JTM Foundation supports the programs and services of Mather Hospital.



Payroll deduction amounts for employee donations

24 pay periods per year

\$130 over one year = \$5.42 per pay check

\$250 over one year = \$10.41 per pay check

\$500 over one year = \$20.83 per paycheck

\$750 over one year = \$31.25 per paycheck

\$1000 over one year = \$41.67 per paycheck

\$2500 over one year = \$104.16 per paycheck

\$2500 over two years = \$52.08 per paycheck

\$5000 over one year = \$208 per paycheck

\$5000 over two years = \$104 per paycheck

\$7500 over one year = \$312 per paycheck

\$7500 over two years = \$156 per paycheck

[Only gifts of \\$2500 or more are eligible for multi year deductions](#)

26 pay periods per year

\$130 over one year = \$5.00 per pay check

\$250 over one year = \$9.62 per pay check

\$500 over one year = \$19.24 per paycheck

\$750 over one year = \$28.84 per paycheck

\$1000 over one year = \$38.46 per paycheck

\$2500 over one year = \$96.15 per paycheck

\$2500 over two years = \$48.07 per paycheck

\$5000 over one year = \$192 per paycheck

\$5000 over two years = \$96 per paycheck

\$7500 over one year = \$288 per paycheck

\$7500 over two years = \$144 per paycheck

[Only gifts of \\$2500 or more are eligible for multi year deductions](#)