



EMPLOYEE GIVING PROGRAM

Philanthropy plays a vital role at Capital Health and in our surrounding communities. Employee giving, as well as gifts from our donor community, are appreciated and **really do make a difference** in maintaining Capital Health's role as the region's top healthcare provider.

Because of generous gifts made possible by the Employee Giving Program, Capital Health is able to offer many low and no cost services to the patients and communities we provide care to each day. For example, in the past few years, we have offered no-cost cancer screenings, transportation services, nutrition services, support and educational forums and much more! Your gift will ensure that caring and compassionate services continue at Regional Medical Center, Hopewell and throughout our community. Kindly consider joining your fellow co-workers and make your gift to Capital Health Employee Giving Program today!

To participate in the Employee Giving Program, please fill out the Payroll Deduction & Gift Form and deliver to Capital Health Medical Center - Hopewell, Development Office, Suite 361, or email jantinoro@capitalhealth.org.

Thank you in advance for your consideration and joining the many other Capital Health Employees who support this important and needed giving program. We are very excited that you are now a member of Capital Health's dedicated and caring team. I look forward to hearing from you and, please know, my door is always open!

With gratitude and appreciation,

A handwritten signature in blue ink that reads "Jennifer M. Antinoro".

Jennifer M. Antinoro, MSW, CFRE

Executive Director of Development

Office of Development

Two Capital Way, Suite 361 | Pennington, NJ | 08534

phone 609.303.4345 | cell 609.661.8292 | fax 609.303.4344

jantinoro@capitalhealth.org

www.capitalhealth.org



PAYROLL DEDUCTION & GIFT FORM

PLEASE RETURN THIS FORM TO THE DEVELOPMENT OFFICE NOT TO PAYROLL

PAYROLL DEDUCTION	<p>I hereby authorize my employer, Capital Health, to deduct from each paycheck the amount listed below. I understand that I may withdraw from this plan at any time by making a written request to the Development Office.:</p> <p> <input type="checkbox"/> \$50 per pay <input type="checkbox"/> \$25 per pay <input type="checkbox"/> \$20 per pay <input type="checkbox"/> \$10 per pay <input type="checkbox"/> \$ 5 per pay <input type="checkbox"/> Other \$ _____ </p>																										
DESIGNATION	<p> <input type="checkbox"/> Continue this deduction indefinitely. <input type="checkbox"/> Please end on _____ </p> <p><u>Please direct my gift to:</u></p> <table border="0"> <tr> <td><input type="checkbox"/> Areas of greatest need</td> <td><input type="checkbox"/> Capital Institute for Neurosciences</td> </tr> <tr> <td><input type="checkbox"/> Behavioral Health</td> <td><input type="checkbox"/> Comprehensive Breast Care</td> </tr> <tr> <td><input type="checkbox"/> Cancer Center</td> <td><input type="checkbox"/> Capital Women in Philanthropy</td> </tr> <tr> <td><input type="checkbox"/> Cardiac Rehabilitation</td> <td><input type="checkbox"/> Community of Caring Fund</td> </tr> <tr> <td><input type="checkbox"/> Covid Emergency Response Fund</td> <td><input type="checkbox"/> Doctor's Day</td> </tr> <tr> <td><input type="checkbox"/> Digestive Health</td> <td><input type="checkbox"/> Employee Catastrophic Relief Fund</td> </tr> <tr> <td><input type="checkbox"/> Heart and Vascular</td> <td><input type="checkbox"/> Pastoral Care</td> </tr> <tr> <td><input type="checkbox"/> Healthcare Heroes</td> <td><input type="checkbox"/> Pediatrics</td> </tr> <tr> <td><input type="checkbox"/> Maternity Care</td> <td><input type="checkbox"/> The Louise Miller, RN, BSN – Tree of Life</td> </tr> <tr> <td><input type="checkbox"/> Nursing Education</td> <td><input type="checkbox"/> Volunteer Services</td> </tr> <tr> <td><input type="checkbox"/> Nursing Education</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Trauma and Injury Prevention</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><input type="checkbox"/> I wish to remain anonymous.</p>	<input type="checkbox"/> Areas of greatest need	<input type="checkbox"/> Capital Institute for Neurosciences	<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Comprehensive Breast Care	<input type="checkbox"/> Cancer Center	<input type="checkbox"/> Capital Women in Philanthropy	<input type="checkbox"/> Cardiac Rehabilitation	<input type="checkbox"/> Community of Caring Fund	<input type="checkbox"/> Covid Emergency Response Fund	<input type="checkbox"/> Doctor's Day	<input type="checkbox"/> Digestive Health	<input type="checkbox"/> Employee Catastrophic Relief Fund	<input type="checkbox"/> Heart and Vascular	<input type="checkbox"/> Pastoral Care	<input type="checkbox"/> Healthcare Heroes	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Maternity Care	<input type="checkbox"/> The Louise Miller, RN, BSN – Tree of Life	<input type="checkbox"/> Nursing Education	<input type="checkbox"/> Volunteer Services	<input type="checkbox"/> Nursing Education		<input type="checkbox"/> Trauma and Injury Prevention		<input type="checkbox"/> Other _____	
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OUTRIGHT GIFT	<p><u>CASH / CHECK / CREDIT CARD</u></p> <p>I am pleased to give my support to Capital Health in the amount of: \$ _____</p> <p>Please make checks payable to <i>Capital Health</i>.</p> <p>Please charge this amount to my credit card: <input type="checkbox"/> Once <input type="checkbox"/> Monthly</p> <p>Card #: _____ Expiration Date: _____ Code _____</p>																										
EMPLOYEE INFORMATION	<table border="0"> <tr> <td>_____ First Name</td> <td>_____ MI</td> <td>_____ Last Name</td> <td>_____ Employee ID</td> </tr> <tr> <td colspan="2">_____ Department</td> <td colspan="2">_____ Work Phone</td> </tr> <tr> <td colspan="2">_____ Home Address</td> <td>_____ City</td> <td>_____ State Zip</td> </tr> <tr> <td colspan="2">_____ Home Phone</td> <td colspan="2">_____ Email</td> </tr> <tr> <td colspan="2">SIGNATURE _____ (Required)</td> <td colspan="2">DATE _____ (Required)</td> </tr> </table>	_____ First Name	_____ MI	_____ Last Name	_____ Employee ID	_____ Department		_____ Work Phone		_____ Home Address		_____ City	_____ State Zip	_____ Home Phone		_____ Email		SIGNATURE _____ (Required)		DATE _____ (Required)							
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We appreciate your consideration of this appeal. If you wish to be removed from future fundraising appeals, please call 609.303.4121, send a written request with your name and address to Capital Health Development Office, Two Capital Way, Suite 361, Pennington, NJ 08534, or e-mail your request to donate@capitalhealth.org.