

Your donation to the 2022 Employee Appeal will support the following funds:

EMPLOYEE EMERGENCY FUND
PATIENT ASSISTANCE FUND
EMPLOYEE SCHOLARSHIP FUND
and others

How your donation can add up:

\$ Per Pay period	1 Year	2 Years	5 Years
\$1	\$26	\$52	\$130
\$2	\$52	\$104	\$260
\$5	\$130	\$260	\$650
\$10	\$260	\$520	\$1,300
\$25	\$650	\$1,300	\$3,250

CentraState Healthcare
Foundation
225 Willow Brook Road, Suite 5
Freehold, NJ 07728
www.centrastatefoundation.org
Tel: 732-294-7030
foundation@centrastate.org



To realize CentraState's vision for the future and continue to provide the full circle of health and wellness, we need to work together both within CSHS and in our community. Before we reach out to the community, we need the support of those who know what we do every day - our employees, volunteers, leadership, board members and physicians. Help us show our community that we are proud to be a part of CentraState by making a gift to the 2022 Employee Campaign.

Donations to the annual Employee Appeal have enabled CentraState Healthcare Foundation to:

- Support fellow employees who have suffered a sudden loss in the family, house fire or other tragic crises — **since 2015, your generosity has helped donate \$190,943 to 83 fellow employees who were in need!**
- Expand programs such as the Statesir Cancer Center, Star and Barry Tobias Women's Health Center *and more.*
- Provide financial assistance to patients and residents, as well as enhance patient and resident quality of life.
- Fund seminars, certifications and scholarships to employees.
- Provide **5 x \$1000 scholarships annually to employees to help further their career in a healthcare related field.**

CHECK OUT OUR 2022 VIDEO!!!! And for more information please visit <https://www.centrastatefoundation.org/ways-to-give/employee-appeal>

Employee Appeal 2022

Please complete this form and return to the Foundation Office or by email to foundation@centrastate.com

Employee Information: (please print)

Name: _____ Employee ID (CentraState/AHS) #: _____ Phone Number: _____

Department: _____ Home Email address: _____

Location (please check one): ☐ Medical Center ☐ Applewood ☐ The Manor ☐ Monmouth Crossing ☐ Willow Brook
☐ Other Location _____

I would like to designate my gift to: (please select one – if no selection is made, your gift will be used for the Area of Greatest Need)

- ☐ Employee Emergency Fund ☐ Employee Scholarship Fund ☐ Patient Assistance Fund ☐ Area of Greatest Need ☐ Other: _____
☐ Free t-shirt to anyone who donates (minimum donation of \$10). Shirt sizes are limited – we will do our best to accommodate your choice.

PLEASE CIRCLE ONE: S M L XL XXL XXXL

Method of Payment – PLEASE CHECK ONE – you may also use our new Web Form at <http://centranet/EmployeeAppeal>

***Available to CentraState employees only ** Available to both CentraState Employees and Atlantic Healthcare System Employees**

- ☐ ***Multi-Year Payroll Deduction:** Please deduct \$ _____ from each of my paychecks for (2, 3, 4, 5 years – circle one) years.
☐ ***One Time Payroll Deduction:** Please make a one time deduction of \$ _____ from my paycheck.
☐ ***One Time Payment with PTO:** I would like to donate _____ hours. **Please note:** All PTO hours must be entered into the API system by the employee. PTO donations will be accepted from 5/23/2022 and all PTO hours donated to this campaign will be deducted on 9/15/2022 (will have to be entered by 9/10/2022). Please ensure that you have enough PTO hours on that date to cover this donation. Entering your hours on this form is for Foundation informational purposes only.
☐ ****One Time Payment-Cash or Check:** I have enclosed cash/check in the amount of \$ _____.
(checks made out to CentraState Healthcare Foundation)
☐ ****One Time Payment-Credit Card:** <https://www.centrastatefoundation.org/ways-to-give/employee-appeal/>
or call the Foundation at 732-294-7030.
☐ ****I already made a credit card donation online.**



SCAN QR CODE TO
DONATE ONLINE!!!!



CentraState
Healthcare Foundation