

2024 TEAM MEMBER APPEAL

CentraState Healthcare Foundation supports programs and services at the medical center and each senior facility through various events, fundraisers and donations from our team members and the community.

Each year, CentraState team members come together to support CentraState Healthcare System through the TEAM MEMBER APPEAL. **Since 2014, this appeal has raised over \$730,000 and has been able to donate more than \$340,000 for our Employee Emergency Assistance to help team members who have been in crisis. THANK YOU.** *Your donation of any amount makes a difference!*



Sign up today! Free t-shirt
with your \$20 donation.



 10 JUNE – 30 SEPT

You may support...

- Employee Emergency Assistance
- Cardiac Services
- Statesir Cancer Center
- LGBTQ+

... or any other program or service

Questions?

Call 732-294-7030 or

email otaylor@centrastate.com

Please see the form on the back for several ways to donate, scan the QR code below or visit centrastatefoundation.org/ways-to-give/team-member-appeal



CentraState
Healthcare Foundation

2024 TEAM MEMBER APPEAL - DONATION FORM

NAME: _____ TEAM MEMBER ID (CentraState/AHS): _____

DEPARTMENT: _____ LOCATION: _____

PERSONAL EMAIL: _____ TEL. NUMBER: _____

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 Assistance Cardiac Services Statesir Cancer Center
 Patient Assistance LGBTQ+ Other _____

Free t-shirt to anyone who donates \$20 or more (or 1 x PTO hour) : Shirt sizes are limited – we will do our best to accommodate your choice. Your shirt will be sent to the department listed above.

Please circle one: S M L XL 2XL 3XL

PAYMENT OPTIONS:

CENTRASTATE EMPLOYEES

- Automatic Payroll Deduction:** Please deduct \$_____ per paycheck.
(Your gift will be automatically renewed each year. You may change/cancel this automatic deduction at any time by contacting the CentraState Foundation Office)
- One-Time Payroll Deduction:** Please make a one-time deduction of \$_____ from my paycheck.
- One-time PTO donation:** I would like to donate _____ PTO hours.
- One-time cash payment enclosed.** *See below for mailing address.*
- One-time check payment enclosed.** *Checks made out to CentraState Healthcare Foundation.*
- I already made a credit card donation online.**
- I would like to make a monthly recurring credit card donation—please call me at the above number.**
- I am already on automatic renewal—please send me a shirt.**

ATLANTIC HEALTHCARE SYSTEM EMPLOYEES

- One-time cash payment enclosed.** *See below for mailing address.*
- One-time check payment enclosed.** *Checks made out to CentraState Healthcare Foundation.*
- I would like to make a monthly recurring credit card donation—please call me at the above number.**
- I already made a credit card donation online.**

PAVERS (outside main lobby doors by flagpole) Someone will contact you with further information

- 4"x8" Paver—\$250** **\$9.62 Per Pay Deduction (26 pays)** **\$250 One Time Payment**
- 8"x8" Paver—\$500** **\$19.24 Per Pay Deduction (26 pays)** **\$500 One Time Payment**
- I will make a credit card payment online.**

Please scan and return to otaylor@centrastate.com

If cash or check included, please interoffice or mail to Olive Taylor at CentraState Healthcare Foundation, 225 Willow Brook Road, Suite 5, Freehold, NJ 07728. Questions? 732-294-7029 / otaylor@centrastate.com



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