Northwell Mather Hospital

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 OR CHANGE MY 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 2026
*See reverse for gift option examples

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.

☐ I would like to support new Caregivers Center

☐ I would like to make an unrestricted gift to the Mather Hospital Fund (where it's needed most)

☐ I would like to support another area at Mather _____

☐ I want an engraved brick paver in Mather courtyard.
___1 for $ 500 ___2 for $750 ___3 for $1000

Max. 3 lines of text with up to 14 characters across each line.
Line one _____
Line two _____
Line three _____
(A space is considered a character)

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. Return before Dec 2, 2025

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