

# Take a Minute. Make a Difference!

Every day is a gift. Your contribution can provide children, families or older New Yorkers with one of the most precious gifts they may ever receive: daily care. During the **2012 Employee Giving Campaign**, please help those who need it most.

Annual Pledge  
**\$52**

**\$1 per week**  
Your donation can provide a warm coat for a child.

Annual Pledge  
**\$260**

**\$5 per week**  
Your donation can provide a hospice home-health aide for 8 hours.

Annual Pledge  
**\$520**

**\$10 per week**  
Your donation can provide a day of live-in home health assistance.

Annual Pledge  
**\$1040**

**\$20 per week**  
Your donation can provide a day of care in our skilled nursing facilities.

Let's ensure New Yorkers receive the gift of caring every day in 2012.

## 2012 Employee Giving Campaign

Employee Name \_\_\_\_\_

Address 1 \_\_\_\_\_

2011 Contribution: \$ \_\_\_\_\_

Address 2 \_\_\_\_\_

**My Total 2012 Gift is:** \$ \_\_\_\_\_

I would like my gift allocated as follows:

Wherever Need is Greatest \$ \_\_\_\_\_

UJA-Federation of New York\* \$ \_\_\_\_\_

End Of Life Care \$ \_\_\_\_\_

Pediatric Care \$ \_\_\_\_\_

Rehabilitation Services \$ \_\_\_\_\_

Creative Arts Therapy \$ \_\_\_\_\_

United Way \$ \_\_\_\_\_

DETACH, SEAL AND RETURN

### Make your gift in honor of a loved one:

Gift in honor of \_\_\_\_\_

Gift in memory of \_\_\_\_\_

Please notify \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*  I have given \$50 or more to UJA-Federation and would like a complimentary one-year subscription to *The Jewish Week*

### Method of Payment:

**Payroll deduction begins March 12, 2012**  
(One-time deduction for gifts of \$25 and less.  
Installment deductions for gifts of more than \$25.)

Cash contribution (to be delivered in person)

Check (made payable to MJHS Foundation)

### Credit card:

American Express  Visa  MasterCard

Credit card # \_\_\_\_\_

Exp. date: \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

*Please sign and date this pledge card:*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I am a first time donor

I choose not to donate at this time

I would like my name to not be published in the scroll of honor

For more information, call Chinwe Egonu at  
(718) 759-4133

Please save the completed pledge card and  
email it to [CEGONU@mjhs.org](mailto:CEGONU@mjhs.org)