

St. Jude Children's Research Hospital®

Payroll Deduction Form

Name _____

Address _____

Phone _____

Department or Store Name and # _____

Email _____

I do not want periodic updates from St. Jude to be sent to my email address.

Associate number _____

(located on your paystub or discount card)

Please deduct this amount from each paycheck I receive. \$ _____

\$5 per weekly paycheck for one year
could provide 26 meals for St. Jude patients

\$10 per weekly paycheck for one year
could provide 1 day of oxygen for a for St. Jude patient

\$25 per weekly paycheck for one year could provide
St. Jude patients with 5 units of red blood cells for transfusions

I would like to make a one-time donation. Please deduct the following amount
from my next paycheck. \$25__ \$50__ \$100__ other \$ _____

Please sign and authorize your payroll deduction.

Signature _____ Date _____

Thank you for helping St. Jude save lives.

Contact Us
800.894.3592
info@StJudeAtWork.org
www.stjude.org/atwork

Help St. Jude save lives

Your support can help St. Jude provide:

- \$3** | **Pediatric isolation masks** to help protect patients with compromised immune systems
- \$4** | **Snack bags** for patients and their siblings
- \$7** | A **blank medical teaching doll** that helps patients understand medical treatment and procedures
- \$22** | **Rehabilitation weights** to help improve patients' quality of life
- \$30** | A St. Jude family with **meals for one day** in the Kay Kafe, the St. Jude cafeteria
- \$57** | **Necessities** for parents who may have hurriedly left home after their child's diagnosis
- \$100** | A **platelet count test** for two patients
- \$250** | One **red blood cell transfusion** for a patient

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Juliana | age 11
blood cancer
St. Jude Patient


**St. Jude Children's
Research Hospital**
ALSAC • Danny Thomas, Founder
Finding cures. Saving children.

stjude.org/atwork

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