



GEM Membership Application

Please use this form to begin donating to Beacon through GEM. To set up your donations, complete this form and return to Ryann DeMoss at Beacon Health Foundation or e-mail to GEM@beaconhealthsystem.org.

INFORMATION

Employee Name: _____ Employee Number: _____

Department Name: _____ Phone Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

CONTRIBUTION (Part and Full Time Associates only)

Payroll Deduction Contribution \$ _____ (per pay period)

Please note when receiving a jacket you are committing to GEM for one year, your contributions during this year are tax deductible. All GEM members will automatically renew yearly. Thank you for being a GEM!

JACKET SIZES: Women's – xsmall – 4X _____ Men's – small – 4X _____

Indicate Size

Indicate Size

DESIGNATION

Please decide how you would like to direct your GEM contributions (Choose ONE)

BEACON HEALTH SYSTEM PRIORITIES

- Area of Greatest Impact
- Beacon Children's Hospital
- Beacon Health System Trauma Services
- Associate Emergency Assistance Fund
- Formal Education/Scholarships

ELKHART GENERAL

- Area of Greatest Impact
- Cancer Services
- Cardiac Services

BREMEN COMMUNITY

- Area of Greatest Impact

MEMORIAL HOSPITAL

- Area of Greatest Impact
- Cancer Services
- Cardiac Services

CONFIRMATION

I hereby authorize Beacon Health System to deduct my charitable contribution from my pay as indicated in this document.

Employee Signature: _____ Date: _____

