



# 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](mailto:GEM@beaconhealthsystem.org).

## INFORMATION

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Department Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## CONTRIBUTION

Payroll Deduction Contribution \$ \_\_\_\_\_ (per pay period)

**Note: With payroll deduction members do not have to renew their membership yearly. When receiving a jacket, GEM requires at least 4 months of payroll deductions at a minimum of \$5 per pay period.**

**JACKET SIZES: Women's – xsmall – large \_\_\_\_\_ Men's – small – 2X \_\_\_\_\_**

*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
- Beacon Health System Palliative Care
- Associate Emergency Assistance Fund
- Formal Education/Scholarships

### ELKHART GENERAL

- Area of Greatest Impact
- Cancer Services
- Cardiac Services

### MEMORIAL

- 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: \_\_\_\_\_

