

# *New Lakeland Medical Center Pavilion*

## ASSOCIATE CAMPAIGN

### PAYROLL GIFT LEVELS

*over 26 pay periods annually\**

Per Pay Period	One-Year Total	Two-Year Total	Three-Year Total
\$5 =	\$130	\$260	\$390
\$10 =	\$260	\$520	\$780
\$15 =	\$390	\$780	\$1,170
\$25 =	\$650	\$1,300	\$1,950
\$30 =	\$780	\$1,560	\$2,340
\$35 =	\$910	\$1,820	\$2,730
\$45 =	\$1,170	\$2,340	\$3,510
\$50 =	\$1,300	\$2,600	\$3,900

\*These are simply examples of how you could make your pledge. If you elect to complete a payroll deduction form, you would decide the amount you'd like to give and the duration for that gift.

To assist in accounting, please consider whole dollar increments.

Gifts of \$50 or more will be recognized on Associate Recognition wall.

Gifts of \$500 or more will be recognized on the Community Donor wall.

**\*\*YOUR CONTRIBUTION IS APPRECIATED AND TAX DEDUCTIBLE\*\***

For more information regarding gifts, please call Brandi Smith-Gordon at (269) 927-5142  
or email at [bsmith-gordon1@lakelandhealth.org](mailto:bsmith-gordon1@lakelandhealth.org)



**Lakeland  
Health Foundations**