

“Pink Out Council Bluffs” 10.14.22

“Pink Out Glenwood” 10.19.22

“Pink Out Malvern” 10.26.22

Methodist Jennie Edmundson Hospital Breast Leadership Team and the Jennie Edmundson Foundation have teamed up to provide the community with education and awareness in its fight against breast cancer. Your participation is crucial! Funds from the sale of the 2022 shirts will be used to provide mammograms to Methodist Jennie Edmundson un and under-insured patients.



2022 T-Shirt Order Form

Limited quantities, order today!

Short-sleeve, long-sleeve and hooded sweatshirts available.

Please note: shirts and sweatshirts are men's sizes. Tie Dye is in short sleeve only.

Name: _____

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

Phone: _____ Email: _____

Please keep one copy for your records and return one copy with your payment.

MEN'S SIZES	SHORT-SLEEVE					MEN'S SIZES	LONG-SLEEVE			MEN'S SIZES	HOODED SWEATSHIRT		
	COST	Tie Dye	COST	Solid	AMT		COST	QTY	AMT		COST	QTY	AMT
SMALL	\$15		\$12			SMALL	\$15			SMALL	\$20		
MEDIUM	\$15		\$12			MEDIUM	\$15			MEDIUM	\$20		
LARGE	\$15		\$12			LARGE	\$15			LARGE	\$20		
X-LARGE	\$15		\$12			X-LARGE	\$15			X-LARGE	\$20		
XX-LARGE	\$20		\$15			XX-LARGE	\$17			XX-LARGE	\$22		
XXX-LARGE	\$20		\$15			XXX-LARGE	\$17			XXX-LARGE	\$22		
	TOTALS	\$	TOTALS		\$		TOTALS		\$		TOTALS		\$
											TOTAL DUE \$		

PAYMENT

Mail order and payment (checks payable to JEH Foundation)

Credit Card (Circle one:) Visa MasterCard Discover American Express

Card Number _____ V-Code (3 or 4 digit code) _____

Name on Card _____ Expiration Date _____

Signature _____

Employee Payroll Deduction (Circle) One Pay Period Two Pay Periods Three Pay Periods

Employee ID # _____

Department _____ Ext _____

By my signature below, I authorize Methodist Jennie Edmundson to deduct payments from my paycheck(s) for the total amount indicated above for the purpose of payment to "Breast Health Center" until the amount is repaid. If my employment is terminated prior to the total amount, this is further authorization to withhold the unpaid balance from my final paycheck.

Employee Signature _____ Date _____

Please call 712.396.6040 or email samantha.fragoso@nmhs.org with any questions.
Mail payments to: Jennie Edmundson Hospital Foundation - 933 E Pierce St Council Bluffs, IA 51503