



Dear Team,

I hope this message finds you well.

LECOM Institute for Successful Living has always believed in the importance of giving back to the communities that support us. Today, I'm reaching out to invite you to join us in supporting a meaningful cause that is close to our hearts.

As Lake Erie College of Osteopathic Medicine approaches its 35th Anniversary in 2027, we are proud to support the LECOM Student Scholarship fund which helps to provide scholarships to Medical, Dental and Pharmacy students attending LECOM.

Supporting the students at Lake Erie College of Osteopathic Medicine helps to keep healthcare locally owned and operated in Northwest Pennsylvania. Through the sustainable growth of LECOM's Academic Health System creates jobs for thousands of employees including ourselves, providing its students clinical rotation and training locations.

Furthermore, supporting the students of Lake Erie College of Osteopathic Medicine promotes meaningful care to our Seniors in the local community.

Your voluntary donation of just \$.68 cents per week will make a significant contribution to support these students.

Every contribution—no matter the size—makes an impact. Participation is completely voluntary, but we encourage everyone to consider supporting the students.

Thank you for your continued dedication—not just to our company, but to making a difference beyond it.

Warm regards,


James Lin, DO

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My signature acknowledges a \$.68 per week donation to the Lake Erie College of Osteopathic Medicine Student Scholarship Fund starting the pay period this form is signed continuing through October 31, 2027.

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My signature acknowledges a custom donation to the Lake Erie College of Osteopathic Medicine Student Scholarship Fund in the amount of \$ _____ / week starting the pay period this form is signed continuing through October 31, 2027.

☐

My signature acknowledges a one-time custom donation to the Lake Erie College of Osteopathic Medicine Student Scholarship Fund in the amount of \$ _____ to be deducted in the pay period this form is signed.

Print

Signature

Date

PLEASE PROVIDE THIS SIGNED FORM TO YOUR HR DESIGNEE OR ADMINISTRATOR.
HR DESIGNEES AND ADMINISTRATORS, PLEASE PROVIDE TO JODIE OR ALYSSA TO FINALIZE.