Adirondack Health Foundation
Employee Giving CARES Campaign

DONATION FORM

Name _____

Department _____ Employee # _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Signature* _____

** Signature is required*

PAYROLL DEDUCTION

Choose an ongoing or one-time payroll deduction starting when this form is submitted. Continued giving rolls over annually until cancelled.

◯ **Continued Giving Payroll Deduction** *please deduct the following amount from my pay, per check:*

◯ Power Hour - Give one (1) hour of pay per payroll

◯ $25 ◯ $15 ◯ $10 ◯ $5

◯ $2 ◯ Other: $_____

◯ **One Time Gift Payroll Deduction**

$_____ paid over _____ pay periods

Employees who give at the supporter level – **$5 or more per pay period continuously** or **$100 or more as a one-time gift** – will receive a free campaign t-shirt as a thank-you!

If your gift qualifies, please choose your size:

◯ S ◯ M ◯ L

◯ XL ◯ 2XL ◯ 3XL

◯ **I qualify, but do not want to receive a shirt**

OTHER DONATION OPTIONS

◯ **Donate by Credit/Debit Card**

◯ Monthly recurring gift of $_____ ◯ One time gift of $_____

Card # _____ Exp ___/___ CVV ____

◯ **Donate by Check**

My gift of $_____ is enclosed, made payable to Adirondack Health Foundation

I would like to designate my gift to the following fund:

◯ The Area of Greatest Need

◯ Cardiology Fund
◯ Decker Learning Center Fund
◯ Diabetes Education Fund
◯ Dialysis Fund
◯ Fit for Life Fund
◯ Guardian Angel Fund
◯ ICU Fund
◯ LP Medical Fitness Center Fund
◯ Merrill Oncology Center Fund
◯ Merrill Oncology Travel Fund
◯ Julie Lamy Breast Cancer Fund
◯ Physical Therapy Fund
◯ Prime Nursing Fund
◯ Women's Health Fund

Please return your completed form to the Foundation Team through inter-office mail, scan and email foundation@adirondackhealth.org or mailed to PO Box 120, Saranac Lake, NY 12983