



ADIRONDACK HEALTH FOUNDATION

Employee Giving CARES Campaign

DONATION FORM

Name _____

Department _____ Employee # _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Signature* _____

* Signature is required

**It Starts with You—
Support CARES Today.**

Join our colleagues in supporting
the Adirondack Health
Foundation through payroll
deductions or one-time gifts.

PAYROLL DEDUCTION

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

☐ **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

OTHER DONATION OPTIONS

☐ **Donate by Credit/Debit Card**

☐ Monthly recurring gift of \$_____

☐ One time gift of \$_____

Card # _____ Exp ____/____ CW _____

☐ **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

☐ Fit for Life Fund

☐ ICU Fund

☐ LP Medical Fitness Center Fund

☐ Make It BetterRx Fund

☐ Merrill Oncology Center Fund

☐ Merrill Oncology Travel Fund

☐ Julie Lamy Breast Cancer Fund

☐ Physical Therapy Fund

☐ Prime Nursing Fund

☐ Women's Health Fund