

- YES! I would like to support the Employee Giving Campaign!
- YES! You may publicize my name as a donor to the Employee Giving Campaign (gift amounts kept anonymous).

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

The Nyack Hospital Foundation is a not-for-profit registered 501(c)(3) organization. All gifts are tax-deductible to the fullest extent allowed by law. Our tax ID # is: 13-3245804. Please call the Foundation at ext. 2771 if you have any questions.

I would like to make my gift in the following way:

- By Payroll Deduction.**  
For 26 pay periods beginning on \_\_\_\_\_, I authorize the following amount to be deducted from my bi-weekly paycheck for one year:
  - \_\_\_\_\_ \$5 x 26 pay periods = \$130 annual gift
  - \_\_\_\_\_ \$10 (\$260)
  - \_\_\_\_\_ \$20 (\$520)
  - \_\_\_\_\_ \$50 (\$1,300)
  - \_\_\_\_\_ \$100 (\$2,600)
  - \_\_\_\_\_ Other

Signature required for payroll deduction: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

- By Check.** Please make check payable to Nyack Hospital Foundation.  
\_\_\_\_\_ Amount enclosed for a one time gift.

- By Credit Card.** ( \$25 minimum gift is suggested for all one time or monthly credit card transactions.)  
\_\_\_\_\_ Amount authorized for a gift to be made  one time or  monthly for \_\_\_\_\_ # of months.

Visa  MasterCard  American Express

Signature: \_\_\_\_\_ Credit Card# \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

**Please return this form to the Foundation Office, 2<sup>nd</sup> Floor in a sealed envelope,  
mail to the address below or stop by and see us!**