

# Employee *Giving* Program

## 2021 Pledge Form

#RRHProud

### EMPLOYEE INFORMATION (Please print clearly)

Full Legal Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

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

Personal Email (optional): \_\_\_\_\_

Preferred Phone (optional): \_\_\_\_\_ Please indicate home/work/cell.

### WHERE WOULD YOU LIKE YOUR SUPPORT TO GO?

- Clifton Springs Hospital & Clinic Foundation
- Newark-Wayne Community Hospital Foundation
- Rochester Regional Health Foundation  
(supports top priorities at RGH and Unity)
- United Memorial Medical Center Foundation
- Rochester General Hospital
- Unity Hospital
- DiFrancesco Urology Institute
- Lipson Cancer Institute
- Neuroscience Institute
- Sands-Constellation Heart Institute
- RRH Home Care
- RRH Hospice Care
- RRH Long Term Care

**There are hundreds of other funds you can direct your gift to. Here are some examples:**

- Behavioral Health & Chemical Dependency
- Center for Refugee Health
- ElderONE
- Healthy Moms
- Isabella Graham Hart School of Practical Nursing
- Mobile Mammography
- RRH Memory Care Center
- Rochester General College of Health Careers
- Youth Apprentice Program

***What is important to you?***

- Other: \_\_\_\_\_
- No preference. Please choose for me!

**ROCHESTER**  
**REGIONAL HEALTH**

Foundations

To view an extended list of funds you can choose from, visit [rrhgive.org/fundlist](http://rrhgive.org/fundlist). For questions about other available funds, call 585.922.1215.

**CONTINUED >**

## WAYS TO GIVE

Your gift is tax-deductible!

## ONLINE



Make a secure, one-time gift by credit card or payroll pledge at [rrhgive.org/rrh-proud](http://rrhgive.org/rrh-proud)

## PHONE



Monday – Friday  
8:30 am – 5 pm  
585.922.1215

## MAIL



Complete this form and return it to:  
**Rochester Regional Health Foundations**  
330 Monroe Ave, Ste 400, Rochester, NY 14607  
Checks should be made payable to Rochester Regional Health.

## PAYMENT INFORMATION

Enclosed is a check payable to Rochester Regional Health for my one-time donation of \$ \_\_\_\_\_.

Payroll Deduction *(NYS law requires all information below to be filled out by the employee for proper authorization.)*

I authorize the following to be deducted from my paycheck each pay period:

\$1     \$5     \$10     \$15     \$20     \$40     Other: \$ \_\_\_\_\_ per pay period

Total Pledge Amount: \$ \_\_\_\_\_ (26 pay periods per year)

Example of payroll deduction method: \$5.00 x 26 = annual pledge of \$130

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

*(Please allow at least 30 days for your payroll deduction to begin. If a start or end date is not identified, the soonest available date will be selected and you will be enrolled in the ongoing pledge program.)*

I understand that this payroll deduction is a voluntary gift and my authorization for this payroll deduction can be revoked at any time in writing by emailing [giftprocessing@rochesterregional.org](mailto:giftprocessing@rochesterregional.org).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RECOGNITION

I wish to remain anonymous.

### Optional: My gift is...

In honor of:     In memory of:

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

Please send notification of my gift  
(without specifying the amount) to:

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

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

## OTHER WAYS YOU CAN HELP

### Optional: I would like to leave a legacy...

Please send me information about making a gift through my will, my estate or a trust.

I have included Rochester Regional Health in my estate plans.

### Optional: I would like to volunteer...

Please send me information about how I can help celebrate my fellow #RRHProud employees, provide education about the impact of giving, or serve in other areas where support is needed for this effort.

## QUESTIONS?

Please contact the Foundations Office:

**P** 585.922.4800

**E** [RRHProud@rochesterregional.org](mailto:RRHProud@rochesterregional.org)

Thank you for making an even bigger impact on the communities we serve! #RRHProud

Because *Care* Matters

THE CAMPAIGN *for*  
ROCHESTER REGIONAL HEALTH

RREmpGiving EGpledgeForm