

Make
your
Mark



**Yes! I want to support the Clifton Springs Hospital & Clinic
Emergency Department and be part of the Donor Wall!**

Complete **both sides** of this form and return it with your gift in the envelope provided.

Please provide your personalized inscription for the Clifton Springs Hospital & Clinic Donor Wall. Spaces and symbols should be treated as individual characters.

PLEASE PRINT:

Donation of \$250

Line 1: 20 characters

Line 2: 20 characters

(includes spaces)

If you have any questions about your contribution, or if you no longer wish to receive fundraising requests from the Rochester Regional Health Foundations, please call 585.922.4800.

[CONTINUED >](#)

ROCHESTER
REGIONAL HEALTH

Clifton Springs
Hospital & Clinic

EMPLOYEE INFORMATION

(Please print clearly)

Full Legal Name: _____ Employee ID: _____

Department Name: _____ Job Title: _____

Home Address: _____

Work Email: _____

Personal Email (optional): _____

Preferred Phone (optional): _____

Please indicate home/work/cell.

Gift amount: \$250 Other \$ _____ I would like this gift to remain anonymous.

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 until my pledge amount above is completed:

\$10 (over 25 pay periods) \$25 (over 10 pay periods)

\$50 (over 5 pay periods) \$250 (in one pay period)

Payroll deduction will begin on the next available pay period, usually 30 days after the pledge is made.

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. If my pledge is not fulfilled, my inscription will not appear on the Clifton Springs ED wall.

Signature: _____ Date: _____



RETURN BY MAIL

Rochester Regional Health Foundations
330 Monroe Ave, Ste 400, Rochester, NY 14607



RETURN BY EMAIL

Scan form and send to: giftprocessing@rochesterregional.org

ROCHESTER
REGIONAL HEALTH

Clifton Springs
Hospital & Clinic

Thank You
for your generosity!