

Employee *Giving* Program

2022 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. 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

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

Start my payroll deduction as soon as possible. Start my payroll deduction on: _____
(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.)

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.

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

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