



## Yes! I wish to contribute to the Albany Med Leadership Program through payroll deduction.

You can also give online at:  
[engage.amc.edu/AMLProgram](http://engage.amc.edu/AMLProgram)

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

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

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

E-mail: \_\_\_\_\_

Phone (Required): \_\_\_\_\_

I prefer my gift to remain anonymous.

Hospital employee

### My Albany Med Leadership contribution will support:

College employee

Center employee

### Please select your areas of support:

*\*The cumulative amount of your gift, including any selected events, must equal a minimum of \$2,000 to be included as Albany Med Leadership.*

\_\_\_\_\_ **Area of Greatest Need** (Please Choose One)  
( \$ Amount)

**Fund for Albany Med**

**Albany Medical College Fund for Excellence**

**Access to Care Fund**

**Bernard & Millie Duker Children's Hospital at Albany Med**

**The following division, program, or department:**

---

*\*Please note that donors may not give to a fund or cost center they currently manage.*

**\$700 Light Up the Night**

**\$700 Dancing in the Woods**

**\$500 Children's Hospital Annual Golf Tournament**

If you have selected one of our signature events as one of your giving designations, please indicate how you would like to be listed below.

Examples: Susan and John Smith/Susan Jones and John Smith/Susan R. Jones, MD

## Payment Information

I would like to contribute to Albany Med in the amount of \$\_\_\_\_\_.

I would like to enroll in payroll deduction.

Please deduct \$\_\_\_\_\_ per paycheck.

(I understand that all payroll deductions for Albany Med Leadership must be completed within the calendar year.)

Please start immediately     Start date: \_\_\_\_\_

I wish to make a gift of a different payment schedule or increased amount.  
Please contact me.

Signature (Required): \_\_\_\_\_

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

## Create a lasting legacy.

- Albany Med is in my estate plan.
- Tell me more about making a bequest.
- Provide me more information about gifts of stock or other assets.

**Learn more: (518) 262-3322 or  
[amc.planmygift.org](http://amc.planmygift.org)**

## Thank you for supporting Albany Med!

Please return this form to the  
Albany Med Foundation, MC-119  
or by fax: (518) 262-4769

If you have additional questions,  
please call (518) 262-3322 or  
email: [AMLProgram@amc.edu](mailto:AMLProgram@amc.edu).

**To be sure that your name is listed in our event materials  
and to secure your payroll deduction amount,  
please return this form no later than **March 24, 2022**.**