



As a member of our Albany Med community, we offer you the opportunity to take part in our premier giving society:

Albany Med Leadership Program

The Albany Med Leadership Program enables our donors to conveniently bundle their event tickets and annual giving.

This year, we expanded our offerings to provide even more flexibility to our supporters. Please select from the options below for how you would like your donation to be applied.

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

I am pleased to make a gift to the Albany Med Leadership Program and would like my gift directed to the selected funds below:

Please select your areas of support:

- _____ **Area of Greatest Need** *(Please Choose One)*
(\$ Amount)
- Fund for Albany Med**
Benefits the mission of Albany Med
 - Albany Medical College Fund for Excellence**
Benefits the greatest need in the College
 - Access to Care Fund**
Benefits the healthcare needs of members of our underserved communities
 - Bernard & Millie Duker Children's Hospital at Albany Med**
 - Other Department/Program:** _____
- \$700 Light Up the Night**
*Benefits the Department of Emergency Medicine
Includes 2 Honorary Committee tickets to the event and listing in the event program*
- \$700 Dancing in the Woods**
*Benefits the Melodies Center for Childhood Cancer and Blood Disorders
Includes 2 Honorary Committee tickets to the event and listing in the event program*
- \$500 Children's Hospital Annual Golf Tournament**
*Benefits the Bernard & Millie Duker Children's Hospital at Albany Med
Includes 1 player ticket *Tee times subject to availability*

2022 Response Form

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

Please Print Clearly

Name: _____

Title: _____

E-mail: _____

Phone (Required): _____ Cell Home Business

PAYMENT OPTIONS

CHECK

ONE TIME CREDIT CARD PAYMENT, card information below

PAYROLL DEDUCTION completed form is enclosed
(Option for current Albany Med employees)

MONTHLY INSTALLMENT PAYMENTS

3 Installments 6 Installments

Installment Start Date: _____

Paid by: Check Credit Card (Automatic payments on 15th of month)

CREDIT CARD

Signature (Required): _____

Card Number: _____ **Exp Date:** _____

Cardholder's Name: _____
(as it appears on the card)

Cardholder's Signature: _____

Thank you for supporting Albany Med!

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

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