

Yes! I would like to participate in the employee giving campaign.

Gifts may be made through payroll deduction or by check or credit card.
You can also give online at community.amc.edu/employee-giving.

Name _____

Title _____

Department _____

E-mail _____

Phone (Required) _____

- Hospital employee
 College employee
 Center employee

- I prefer my gift to remain anonymous.

Please direct my gift to (check one):

Areas of greatest need:

- The Fund for Albany Med
 The Albany Medical College Fund for Excellence
 The following division, program or department:

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 (26 pay periods).

Please start immediately Start date: _____

I would like to make a multi-year pledge:

2 years 3 years 4 years 5 years

My total multi-year pledge is \$ _____.

Signature (required) _____

Date _____

My check, made payable to Albany Med Foundation, is enclosed.

Please charge my gift to: VISA MasterCard American Express Discover

Card Number _____

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

Cardholder's Signature _____

Expiration 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) 262-6835 or www.amc.planmygift.org

I am making this a tribute gift: In honor of In memory of

Tribute Name(s) _____

Person to Notify _____

Address _____

Phone _____

Email _____

Total Gift Amount	Per Pay Period
\$26	\$1
\$130	\$5
\$260	\$10
\$520	\$20
\$1,300	\$50
\$2,600	\$100
Other	\$



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 e-mail: Development@amc.edu.

