ALBANY MEDICAL CENTER
Foundation

ALBANY MED Health System

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

Gifts can be made through payroll deduction, by check, or credit card.
You can also give online at: **support.amc.edu/employeegiving**

CONTACT INFORMATION

Name

Title/ Department

- ☐ Hospital Employee
- ☐ College Employee
- ☐ Center Employee

Home Address

City, State, ZIP

Preferred Phone

Preferred Email

METHOD OF PAYMENT

- ☐ **Online: support.amc.edu/employeegiving**
- ☐ **Check:** payable to Albany Medical Center
- ☐ **Credit Card:** VISA, MasterCard, American Express, Discover

Gift Amount: $_____

Card Number

Expiration Date (mm-yy) ___ – ___

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

Cardholder's Signature

Date

PAYROLL DEDUCTION

Perpetual

☐ I would like to enroll in PERPETUAL payroll deduction. Please deduct $ _____ per paycheck in perpetuity.

I will contact the Albany Medical Center Foundation to end or change my payroll deduction.

- ☐ Please start immediately
- ☐ Start Date: _____

Pledge

☐ I would like to contribute a total amount of $ _____ per year.

Payroll deductions operate on a calendar year. Your payroll deduction amount is for remaining pay periods in the year.

☐ I would like to contribute $ _____ per paycheck through the end of this year.

Please continue my pledge for:

- ☐ 2 years ☐ 3 years
- ☐ 4 years ☐ 5 years

Required Signature

GIFT DESIGNATION

- ☐ Fund for Albany Medical Center
- ☐ Albany Medical College Fund for Excellence
- ☐ Bernard & Millie Duker Children's Hospital
- ☐ Other department or program:

_____

OPTIONAL GIFT INFORMATION

I am/we are making this gift:

☐ In honor of: ☐ In memory of:

Name

Person to notify

Address

City, State, ZIP

CREATE A LASTING LEGACY

- ☐ Albany Medical Center is in my estate plan.
- ☐ Please tell me more about making a bequest.
- ☐ Please provide me more information about gifts of stock or other assets.

Albany Medical Center Foundation at **518-262-3322** or **amc.planmygift.org**

Thank you for your gift.

Your donation is tax deductible to the fullest extent allowed by law.

For more information, please contact the Albany Medical Center Foundation at **518-262-3322** or e-mail **development@amc.edu.**

employee giving