

EMPLOYEE GIFT AGREEMENT FORM



Friends of
Bassett Healthcare Network

024-FOB-W-XX_EMP

Your Name/Recognition Name: _____

(This is how your name/s will appear in recognition listings)

Department: _____ Employee M#: _____

Home Address: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

E-mail: _____ Do not send me Updates E-Newsletter!

Unless otherwise specified below, your gift will be designated to the Friends of Bassett Healthcare Network Annual Fund.*

- | | | |
|---|---|--|
| <input type="checkbox"/> Bassett Healthcare Network | <input type="checkbox"/> Cobleskill Regional Hospital | <input type="checkbox"/> Valley Health Services |
| <input type="checkbox"/> A.O. Fox Hospital | <input type="checkbox"/> Little Falls Hospital | <input type="checkbox"/> Valley Residential Services |
| <input type="checkbox"/> Bassett Medical Center | <input type="checkbox"/> O'Connor Hospital | |

**Please contact the Friends of Bassett office or visit our website for alternate giving designations and fund descriptions.*

FULLFILLMENT OPTION #1: NON-PAYROLL

Enclosed is a check made payable to the Friends of Bassett for the amount of \$ _____

Please charge \$ _____ to my:     Billing Zip: _____

Account #: _____ CVV: _____

Signature: _____ Exp. Date: ____ / ____ / ____

(As it appears on your card)

I pledge a gift of \$ _____ to be paid in installments as described: monthly twice a year once a year

I will make my first payment on ____ / ____ / ____ Signature (required): _____ Date: ____ / ____ / ____

FULLFILLMENT OPTION #2: PAYROLL DEDUCTION

Ongoing gift: This means we will deduct the gift amount you specify below from each paycheck until you write to us to ask us to change the amount or stop the payments. Payroll is deducted from 24 paychecks annually.

Please note: Payroll deductions will start 4 to 6 weeks after we receive your gift agreement form.

Amount of gift per paycheck: \$ _____

Please check the appropriate box: I am paid monthly I am paid every other week

Signature (required): _____ Date: ____ / ____ / ____

You also may make your gift online: www.friendsofbassett.org

Please return this form to:

Fund Development: 1 Atwell Road, Cooperstown, New York 13326
607-547-3928 • Fax: 607-547-6994 • E-mail: friends.office@bassett.org • Web site: friendsofbassett.org