

EMPLOYEE GIFT AGREEMENT FORM



Friends of
Bassett Healthcare Network

025-BHN-EMP-XX

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

**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: _____ I elect to cover
Signature: _____ Exp. Date: ____ / ____ / ____ 3% processing fee
(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: ____ / ____ / ____

**If this commitment is to be satisfied by a donor advised fund, community foundation or family foundation, the gift will not be recorded as a pledge.*

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