



# #RRHPROUD EMPLOYEE GIVING PROGRAM

## EMPLOYEE INFORMATION (Please print clearly)

Full Legal Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Email: \_\_\_\_\_

Personal Email (optional): \_\_\_\_\_

Preferred Phone (optional): \_\_\_\_\_ Please indicate home/work/cell.

## WHERE WOULD YOU LIKE YOUR SUPPORT TO GO?

- Clifton Springs Hospital & Clinic Foundation
- Newark-Wayne Community Hospital Foundation
- Rochester Regional Health Foundation  
(supports top priorities at RGH and Unity)
- United Memorial Medical Center Foundation
- Rochester General Hospital
- Unity Hospital
- Lifetime Care
- Lipson Cancer Institute
- Neurosciences Institute
- Sands-Constellation Heart Institute
- Sands-Constellation Center for Critical Care

### There are hundreds of other funds you can direct your gift to. Here are some examples:

- Behavioral Health & Chemical Dependency
- Center for Refugee Health
- ElderONE
- Health Reach – Healthcare for the Homeless
- Healthy Moms
- Isabella Graham Hart School of Practical Nursing
- Youth Apprentice Program

### What is important to you?

Other: \_\_\_\_\_

To view an extended list of funds, visit [give.rochesterregional.org/fundlist](http://give.rochesterregional.org/fundlist). For questions about other available funds, call 585.922.1215.

**ROCHESTER**  
REGIONAL HEALTH

Foundations

CONTINUED >

## WAYS TO GIVE

Your gift is tax-deductible!

### ONLINE



Make a secure, one-time gift by credit card or payroll pledge at [give.rochesterregional.org/rrh-proud](https://give.rochesterregional.org/rrh-proud)

### PHONE



Monday – Friday  
8:30 am – 5 pm  
585.922.1215

### MAIL



Complete this form and return it to:  
**Rochester Regional Health Foundations**  
330 Monroe Ave, Ste 400, Rochester, NY 14607  
Checks should be made payable to Rochester Regional Health.

## PAYMENT INFORMATION

Enclosed is a check payable to Rochester Regional Health for my one-time donation of \$\_\_\_\_\_.

Payroll Deduction (*NYS law requires all information below to be filled out by the employee for proper authorization.*)

I authorize the following to be deducted from my paycheck each pay period:

\$1     \$5     \$10     \$15     \$20     \$40     Other: \$\_\_\_\_\_ per pay period

Total Pledge Amount: \$\_\_\_\_\_ (26 pay periods per year)

Example of payroll deduction method: \$5.00 x 26 = annual pledge of \$130

Start Date (Please allow at least 30 days for your payroll deduction to begin): \_\_\_\_\_ End Date: \_\_\_\_\_

I understand that this payroll deduction is a voluntary gift and my authorization for this payroll deduction can be revoked at any time in writing by emailing [giftprocessing@rochesterregional.org](mailto:giftprocessing@rochesterregional.org).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RECOGNITION

Please indicate how you would like your name to appear for recognition purposes:

\_\_\_\_\_

I wish to remain anonymous.

### Optional: My gift is...

In honor of:     In memory of:

Name: \_\_\_\_\_

Please send notification of my gift (without specifying the amount) to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

## QUESTIONS?

Please contact the Foundations Office

**P** 585.922.4800

**E** [RRHProud@rochesterregional.org](mailto:RRHProud@rochesterregional.org)

## OTHER WAYS YOU CAN HELP

### Optional: I would like to leave a legacy...

- Please send me information about making a gift through my will, my estate, or a trust.
- I have included Rochester Regional Health in my estate plans.

### Optional: I would like to volunteer...

- Please send me information about how I can help celebrate my fellow #RRHProud employees, provide education about the impact of giving, or serve in other areas where support is needed for this effort.

**Thank you for making an even bigger impact on the communities we serve! #RRHProud**

Because *Care* Matters

THE CAMPAIGN *for*  
ROCHESTER REGIONAL HEALTH

RREmpGiving EGPLedgeForm