

Make
your
Mark



Yes! I want to support the United Memorial Medical Center ICU and be part of the Donor Wall!

PLEASE RESPOND BY DECEMBER 31, 2022

Complete **both sides** of this form and return it with your gift in the envelope provided.

Please provide your personalized inscription for the United Memorial Medical Center Donor Wall. Spaces and symbols should be treated as individual characters.

PLEASE PRINT:

Donation of \$250

Line 1: 16 characters

Line 2: 19 characters

(includes spaces)

If you have any questions about your contribution, or if you no longer wish to receive fundraising requests from the Rochester Regional Health Foundations, please call 585.922.4800.

CONTINUED >

**ROCHESTER
REGIONAL HEALTH**

United Memorial
Medical Center

EMPLOYEE INFORMATION

(Please print clearly)

Full Legal Name: _____ Employee ID: _____

Department Name: _____ Job Title: _____

Home Address: _____

Work Email: _____

Personal Email (optional): _____

Preferred Phone (optional): _____

Please indicate home/work/cell.

Gift amount: \$250 Other \$ _____ I would like this gift to remain anonymous.

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 until my pledge amount above is completed:

\$10 (over 25 pay periods) \$25 (over 10 pay periods)

\$50 (over 5 pay periods) \$250 (in one pay period)

Payroll deduction will begin on the next available pay period, usually 30 days after the pledge is made.

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. If my pledge is not fulfilled, my inscription will not appear on the UMMC ICU wall.

Signature: _____ Date: _____



RETURN BY MAIL

Rochester Regional Health Foundations
330 Monroe Ave, Ste 400, Rochester, NY 14607



RETURN BY EMAIL

Scan form and send to: giftprocessing@rochesterregional.org
(To download a pdf form go to rrhgive.org/donorwall)

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Thank You
for your generosity!