



Bassett Healthcare Network Employee Gift Agreement Form

Your Name/Recognition Name: _____ Department: _____

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

Home Address: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ E-mail: _____

Do not send Updates E-Newsletter _____

Fulfillment option #1: Non-payroll

Select one:

Enclosed is a check in the amount of \$ _____

(Please make your check payable to the Friends of Bassett)

Please immediately charge my credit card the amount of \$ _____

Card type (please circle): AMEX Mastercard Visa Discover

Card #: _____ CVV: _____ Exp.: _____

Name as it appears on card: _____

Authorized signature (required): _____

Fulfillment option #2: Payroll deduction

Select one:

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): _____

Please direct my gift to the following hospital or program *(for example, "Little Falls Hospital" or "Bob Simon Fund")*:

Please return this form to:

Fund Development, Harrison House • 1 Atwell Road • Cooperstown, New York 13326 • 607-547-3928 • Fax: 607-547-6994

E-mail: friends.office@bassett.org

You can also make your gift online at: friendsofbassett.org