

Columbia Memorial Hospital Payroll Deduction Authorization

I, _____, authorize Columbia Memorial Hospital to deduct \$ _____ per pay period to benefit the Columbia-Greene Hospital Foundation.

Date Payroll Deduction to commence: _____

All donations are tax deductible as allowed by law.

(Optional) If you would like your donation to be restricted, please choose one of the following:

- Projects at Columbia Memorial Hospital
- Projects at Kaaterskill Care Nursing and Rehabilitation Center
- Other

I understand that this authorization will be in effect until revoked by me, in writing.

Employee Signature: _____

Employee Name

Please print your name below and circle one:

(Mr. Mrs. Ms. Miss)

Department: _____ Extension: _____

Home Address: _____

City _____ State _____ Zip Code _____

Phone: _____ E-Mail: _____

Social Security Number: _____

Your annualized contribution will be listed in the Foundation's Newsletter, *Visions*.

For example, if you donate \$5 per pay period, your donation will be listed at the \$130 level per year (\$5 X 26 pay periods); \$10 per pay period, your donation will be listed at the \$260 level (\$10 X 26 pay periods), etc.

(Return form to Gina Orlando – address below)

Columbia-Greene Hospital Foundation
71 Prospect Avenue
Hudson, NY 12534
Phone: 518.828.8239
Fax: 518.828.8168

Betsy Gramkow, Executive Director
Gina Orlando, Director, Operations & Special Events
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