

# EMPLOYEE GIFT AGREEMENT FORM



Friends of  
Bassett Healthcare Network

024-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:        

Account #: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*(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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## 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](http://www.friendsofbassett.org)**

*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](mailto:friends.office@bassett.org) • Web site: [friendsofbassett.org](http://friendsofbassett.org)