



I/We _____ support the Samaritan Medical Center Foundation of Northern New York and pledge/donate \$ _____ toward the Inspiration Fund.

- Diamond Associate (\$25,000 & above) Platinum Associate (\$10,000-\$24,999)
 Gold Associate (\$5,000-\$9,999) Silver Associate (\$2,500-\$4,999) Bronze Associate (\$1,000-\$2,499)
 Sustaining Partner (\$500-\$999) Contributing Partner (\$1-\$499)

This pledge will be paid fully from ____ / ____ /2015 to 12/31/2015 in _____ payments of \$ _____

The Inspiration Fund Supports the Wound Care Center, AccuVein Equipment, and the Endowment.

If you prefer to direct your dollars differently, please indicate: _____

For reporting and recognition purposes, name(s) to appear: _____ Anonymous

Signature: _____ Date: _____

Please complete the back side of this card with your payment preference.

I/We plan to fulfill this pledge through: Cash/Check Credit

Credit Card Authorization

Name on card (please print) _____

Address _____ City _____ State ____ Zip _____

Card Number _____ - _____ - _____ - _____

Exp. Date _____ Security Code _____

Signature _____ Date _____

Email _____

Checks

Please make checks payable to Samaritan Medical Center Foundation of NNY.

Planned Gifts & Securities

Please contact Michelle at 315-785-5745 for more information on contributing through Planned Gifts or Securities.

We greatly appreciate your support. Each donation, no matter the size is precious to us. Gifts of all sizes help to make our hospital and community stronger.

To learn more about the Samaritan Medical Center Foundation of Northern New York and other ways to give, please visit samaritanhealth.com/giving

**Have questions?
Contact us at 315-785-5745**