



# Samaritan Employee Giving Campaign

**Yes! I want to contribute to the annual Better Together Campaign.**

*I understand that I am under no obligation to contribute to this campaign. If I decide to contribute through deductions from my pay, I do so voluntarily, with the understanding that the deductions will be taken from my pay as indicated on this form. I understand that I may revoke my deduction authorization at any time by informing Samaritan in writing.*

## My Information

Mr./Mrs./Ms./Dr.	First Name	M.I.	Last Name	
Department		Employee ID		
Address		City	State	Zip
Preferred Email		Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Preferred publication name (print) or check here to remain anonymous. <input type="checkbox"/>				

## My Gift: Payroll Deduction

I authorize Samaritan to make the following recurring deduction from my pay:

Amount Per Paycheck	Set Number of Pay Periods	Total Gift
\$	X	=

OR

Amount Per Paycheck	
\$	Continues until I cancel

## My Gift: One-Time Payment

Total Gift
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☐ Check payable to Samaritan Medical Center Foundation ☐ Cash

☐ Credit Card \_\_\_\_\_

CVV \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## My Impact

Please select the areas your gift will support. You may choose to apply all or any portion of your payroll deduction or one time gift among the following options:

### ☐ Best Use – Samaritan Foundation

Supporting important programs and advancements at Samaritan. \$ \_\_\_\_\_

### ☐ Behavioral Health

Supporting Samaritan's behavioral health services, both inpatient and outpatient. \$ \_\_\_\_\_

### ☐ Cardiac Catheterization Lab

Supporting new construction at Samaritan to meet patients' needs close to home. \$ \_\_\_\_\_

### ☐ Children's Miracle Network

Supporting child-centered areas of Samaritan and North Country children with serious health conditions. \$ \_\_\_\_\_

### ☐ Circle of Hope

Supporting patients at Walker Center for Cancer Care with direct and indirect costs associated with their care. \$ \_\_\_\_\_

### ☐ Long Term Care

Supporting our long term care services at Samaritan Keep Home and Samaritan Summit Village. \$ \_\_\_\_\_

## Thank you! Your generous gift qualifies for the following Level of Giving and incentives:

- \* Caring (\$1-\$99)
- \* Supporting (\$100-\$249)
- \* Healing (\$250-\$499)
- \* Compassion (\$500-\$999)
- \* Kindness (\$1,000-\$4,999)
- \* Empower (\$5,000+)

All Gifts  
Lanyard and entered for drawings

Gifts \$25+  
All above and T-shirt

Size: \_\_\_\_\_

☐ I prefer to not receive any incentives.

## My Signature

## Date

## My Printed Name

Samaritan Medical Center Foundation of Northern New York | 830 Washington Street, Watertown NY 13601  
315-785-5725 | donations@shsny.com

**Top Copy – Samaritan Foundation | Bottom Copy – Employee**