

**Do Good
Give Back
Better Together**



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 deductions from my pay:

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

My Gift: Direct Payment

Total Gift

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 total 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 cancer patients at Samaritan with direct and indirect costs associated with their cancer 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