

FINGER LAKES HEALTH FOUNDATION ANNUAL CAMPAIGN

My Pledge...

Yes, I am pleased to join one of your new Giving Circles by making this this multi-year pledge to the Annual Campaign of the Finger Lakes Health Foundation.

Total amount pledged: \$ _____ (\$1,000/year minimum)

My pledge will be paid as follows

(three-year minimum, please):

\$ _____ by _____
Annual Amount Month, Day Year

\$ _____ by _____
Annual Amount Month, Day Year

\$ _____ by _____
Annual Amount Month, Day Year

PAYMENT INFORMATION

- Check payable to Finger Lakes Health Foundation
- Please charge my: M/C Visa AMEX Discover
- Card Number: _____
- Expiration Date: _____
- Signature: _____
- I wish my gift to be anonymous.

Please use my Annual Campaign gift as follows:

Geneva General Hospital
(For membership in the "Cebern & Muriel Lee Circle")

Soldiers & Sailors Memorial Hospital
(For membership in the "Doris Scherer Circle")

Finger Lakes Health Fund‡
(Areas of greatest need within Finger Lakes Health)

‡ Support to this fund provides flexible funding to be used where it's needed most within the Finger Lakes Health system

Please check the following if applicable:

- Please send me information about how to include Finger Lakes Health in my will
- My employer will match my gift.
A matching gift form is enclosed

Name (Please print) _____

Address: _____

City: _____ State: _____ Zip: _____

My e-mail is (optional): _____

Please list my name as follows in any publications: _____

Opt-out information:

- Please do not list my name in your donor-recognition publications or online.
- Please remove me from your mailing list.

PLEASE RETURN THIS COMPLETED FORM TO:

Finger Lakes Health Foundation
196 North Street • Geneva, NY 14456

We thank you!



Finger Lakes Health Foundation

You can always make your gift online at www.flhealth.org/foundation or call (315) 787-4050 for more information