



Total pledge/gift amount \$ _____

Please select:

- ☐ Upstate Golisano Children's Hospital
 ☐ Upstate Cancer Center
☐ Student scholarships
 ☐ Friend in Deed
☐ Research (please specify) _____
☐ Other – www.UpstateFoundation.org/FundSearch

Fund name _____ % of gift _____

Fund name _____ % of gift _____

Fund name _____ % of gift _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

☐ State employee
 ☐ Research Foundation employee
 ☐ MedBest employee

Employee ID# _____ Date _____

Employee signature _____
(pledge card must be signed)

Payment options (please check one)

☐ Full payment enclosed, made payable to: Upstate Foundation

☐ Credit card:



\$ _____ x _____ months = \$ _____

Card # _____

Exp. date _____ Security code _____

Signature _____

☐ **Payroll deduction*** (to begin July 1, 2025)

I hereby authorize the state comptroller (state employees), the Research Foundation (Research Foundation employees) or MedBest Medical Management (MedBest employees) to deduct the amount below from each paycheck beginning July 1, 2025. (\$5 minimum per pay period and your payments will continue until the Upstate Foundation is notified to make changes to the designation or to cancel the deduction.)

\$ _____ per pay period | *26 pay periods/year

Chart for payroll deduction

Payroll deduction can be used for any fund held at the Upstate Foundation.

To search for a fund, visit www.UpstateFoundation.org/fundsearch.

Amt/Pay period	Total annual gift
\$5	\$130
\$11.54	\$300
\$19.24	\$500

Amt/Pay period	Total annual gift
\$38.47	\$1,000
\$57.69	\$1,500
\$96.16	\$2,500

Amt/Pay period	Total annual gift
\$192.31	\$5,000
*26 pay periods/year	

Questions?

315-464-4416 or
WardP@upstate.edu

Return this form to: Upstate Foundation

750 E. Adams Street, Syracuse, NY 13210