

(all pledge cards must be signed)

Upstate Foundation Employee Giving Program

Total Pledge/Gift Amount \$		Payment Options (please check one)		
Please select:		☐ Full payment enclosed made payable to: Upstate Foundation		
Child & Adolescent Mental Health Fund	Friend in Deed	☐ Credit card: ☐	V/SA DISCOVER	ERICAN SORRESS
☐ Department of Emergency Medicine Fund ☐ Upstate Cancer Center				
Upstate Golisano Children's Hospital	President's Scholarships	\$	x months = \$_	
☐ Research (please specify)		Card #		
☐ Other – visit www.UpstateFoundation.org/EmployeeGiving		Exp. Date	Security Code	·
Fund Name	% of gift	Signature		
Fund Name % of gift		☐ Payroll Deduction* (to begin July 1, 2023) I hereby authorize the state comptroller (state employees), the Research Foundation (Research		
Name			edBest Medical Management (MedB ycheck beginning July 1, 2023.	Best employees) to deduct the
Address		\$ per pay period		
City State Zip		Chart for Payroll Deduction		
Email		Payroll deduction can be used for any fund held at the Upstate Foundation. For a complete list of funds, visit www.UpstateFoundation.org/fundsearch .		
Phone		Amt/Pay period Total annual gift	Amt/Pay period Total annual gift \$38.47 \$1,000	Amt/Pay period Total annual gift \$192.31 \$5,000
☐ State Employee ☐ Research Foundation Employee	☐ MedBest Employee	\$11.54 \$300 \$19.24 \$500	\$57.69 \$1,500 \$96.16 \$2,500	*26 pay periods/year
Employee ID#	Date	Questions?	Return this form to: Upstate Foundation	
Employee Signature		315-464-4416 or bonurad@upstate.edu		r, Syracuse, NY 13210