



Total pledge/gift amount \$ _____

Please select:

Child & Adolescent Mental Health Fund

Upstate Golisano Children's Hospital

Student scholarships

Research (please specify) _____

Other – visit www.UpstateFoundation.org/FundSearch

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 _____

(all pledge cards 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 _____

Credit card – online payment: www.UpstateFoundation.org/EmployeeGiving

Payroll deduction* (to begin July 1, 2024)

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, 2024. (\$5.00 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

Chart for payroll deduction

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

Amt/Pay period	Total annual gift	Amt/Pay period	Total annual gift	Amt/Pay period	Total annual gift
\$5.00	\$130	\$38.47	\$1,000	\$192.31	\$5,000
\$11.54	\$300	\$57.69	\$1,500		
\$19.24	\$500	\$96.16	\$2,500		

*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