

# Donating to the Global Health Fund

Department of Family Medicine – University of Rochester

## One-time donation

|                        |  |
|------------------------|--|
| Make check payable to: | Highland Hospital Foundation<br>GH Fund – DFM  |
| Send check to:         | Highland Family Medicine<br>777 Clinton Avenue, South<br>Rochester, NY 14620<br>Attn: Roxanne Henry  |
| By Credit Card         | Enclosed please find my gift of \$ _____<br>Charge my ( ) MASTERCARD or ( ) VISA for \$ _____<br>CARD# _____ Exp Date _____<br>Signature _____ |

## Payroll Deduction

### **Highland Hospital Employees**

I hereby authorize The Highland Foundation to deduct \$ \_\_\_\_\_ from my pay each of the next ( ) 26 bi-weekly or ( ) 12 monthly pay periods. (\$1 minimum for bi-weekly payroll, \$2 minimum for monthly payroll).

This pledge is to be renewed annually.

Signature \_\_\_\_\_

Social Security # \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **University of Rochester / Strong Health Employees**

TO: The University Gift Office  
Box 32 Administration Building

As a member of the University of Rochester Staff, I wish to support:

\_\_\_ Global Health Fund – Highland Family Medicine, through the Highland Hospital Foundation

I hereby authorize the University of Rochester to deduct \$ \_\_\_\_\_ from my pay each of the next ( ) 26 biweekly or ( ) 12 monthly pay periods. (\$1 minimum for bi-weekly payroll, \$2 minimum for monthly payroll.)

Signature \_\_\_\_\_

Social Security # \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_