



Big or small, your support  
**matters**

# Why did you give?

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Signed: \_\_\_\_\_

Department: \_\_\_\_\_

**Submit by mail:**

Northwell Health Foundation  
Attn: Employee Giving  
2000 Marcus Avenue  
New Hyde Park, NY 11042

**Submit by email:**

employeeegiving@northwell.edu

# Thank you for already giving 110%...

The late nights, the early mornings, the tired eyes and the aching feet. We know you already give your all, but donating can help fund more of the things that matter most.

No matter how big or small, your donation means we'll be able to make a real difference in patient's lives.

**Make your commitment**

Donation amount is confidential and tax deductible. Below you can select if you would like to be publicly recognized for your gift.

Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**I would like to make a gift of \$ \_\_\_\_\_**

- Per paycheck through payroll deduction (minimum of \$1 per paycheck)
- As a one-time gift

**I would like my donation to support:**

- General Programs (unrestricted)
  - Cohen Children's Medical Center
  - Military and Veterans Liaison Services
  - Research
  - Employee and Family Support Programs
  - Restricted use for Hospital / Facility / Service Line (e.g. Katz Institute, Cancer Institute, Northwell Health Physician Partner Programs, Nursing Initiatives, etc.)
- Please specify:** \_\_\_\_\_

**I would like to be recognized for my gift:**

- Yes – please include my name in recognition
- No – I wish to remain anonymous

If yes, please indicate how you would like your name to be listed in recognition.

\_\_\_\_\_

- I am willing to share my story and motivation to inspire other employees to give. Please contact me.
- I am interested in learning more about planned giving options such as a gift in my will.

Signature \_\_\_\_\_ Date \_\_\_\_\_