

Montefiore Medical Center Payroll Pledge Agreement Form

Thank you for your dedication to Montefiore through both your everyday work and your philanthropy. Your 100 percent tax-deductible payroll contribution will make a longstanding impact on Montefiore programming and our collective ability to deliver on our mission.

Pledge date: This letter is to confirm my pledge to Montefiore of \$

- The pledge will be paid over years, starting in of 20
- The pledge will be a one-time gift of \$ deducted on of 20
- This pledge will be fulfilled through equal installments of \$ to be paid bi-weekly through payroll deductions to be completed on of 20

- I would like to make an unrestricted gift to Montefiore Medical Center
- I would like to make a restricted gift to:

Name: Title:

EZ ID #: Address:

City: State: Zip:

Phone: Email:

Signature:

Please include any special gift instructions or designations:

Thank you for your generosity!

Montefiore Medical Center is a 501(c)3 organization. All gifts to Montefiore are tax deductible to the fullest extent of the law.

Please return this pledge intent to:

Paula Ammirato
Senior Director, Development Operations
paamirat@montefiore.org
718-920-6656