

## Executive 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's programming and our collective ability to deliver on our mission.

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 [The President's Relief Fund at Montefiore](#)

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:**

**Rachelle M. Sanders**

Vice President and Chief Development Officer  
*Montefiore Medicine*

Phone: 718.920.6678 | Fax: 718.547.9274

Email: [rsanders@montefiore.org](mailto:rsanders@montefiore.org)