

MEDICAL CENTER NEIGHBORHOOD FUND- PLEDGE FORM

A volunteer donation program of Columbia University Medical Center, NewYork-Presbyterian and the NYS Psychiatric Institute

Name

Address

Department/ Title

Phone Number/ Email

Institution

Donation Options (Select One)

Cash Contribution

Check: Enclosed is my gift of \$_____ (payable to: **The Medical Center Neighborhood Fund**)
Your gift to the Fund is tax-deductible to the fullest extent allowed by law.

Payroll Deductions*

I would like to donate via automatic deduction*

\$5 \$10 \$25 Other

Circle: Weekly Bi-weekly Monthly

Employee ID Number _____ (only required if enrolling in payroll deduction)

*I voluntarily request and authorize the **Medical Center Neighborhood Fund** to make payroll deduction in the amount identified on this form.

I would like to learn more about volunteering

I have equipment, goods or services to offer

Please forward this complete form to:

The Medical Center Neighborhood Fund
c/o Office of Government & Community Affairs
51 Audubon Avenue, Suite 800
New York, NY 10032