

EMPLOYEE GIVING PLEDGE CARD

The Foundations of Kaleida Health provide funding to improve the experience of our patients and deliver the tools you need to provide the best possible care for the community and beyond.

I commit the selected amount below to be payroll deducted *each pay period*:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ Other: _____

This pledge is from: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Mx. ☐ Dr.

Name

Employee No.

Email

Phone Number

My pledge is designated to:

☐ **Kaleida Health Foundation, in support of (*please select one*):**

☐ Area of Most Need ☐ Other: _____

☐ **The Children's Hospital of Buffalo Foundation**

☐ Area of Most Need ☐ Other: _____



 **Kaleida Health
Foundation**



**The Children's Hospital
of Buffalo Foundation**
BENEFITTING JOHN R. OISHEI CHILDREN'S HOSPITAL

For any questions please call Jen at the Foundations Office: (716) 881-8260