

Orchard Hill Donation Form

___ **Yes!** I would like help Oneida and Madison Counties to *Survive and Thrive!*

Please choose a level that you wish to give:

\$50 \$100 \$250 \$500 \$1000 \$2500 \$5000 \$365 (\$1/day) Other Amount: _____

Recognition: To thank you for your exemplary support, gifts of **\$250 or more** entitles you to a special acknowledgement as an **Orchard Hill Donor**. You will be included on Orchard Hill recognition listings, as well as receive invitations to annual donor events honoring you and other community philanthropists. A gift of **\$500 or more** will be recognized on the hospital's interactive kiosk located in the Main Lobby, in addition to the other items listed above. **President's Circle Donors** at **\$1000 or more** will be acknowledged on the Oneida Health Foundation Webpage (if approved by the donor) and provided an opportunity to engage with the CEO and President of Oneida Health to discuss ideas, concerns, or feedback regarding healthcare in our region, in addition to the other details provided to the donor levels discussed above.

Payment Information

Ways to Donate:

- **By Mail:** Please make checks payable & mail to Oneida Health Foundation 321 Genesee St. Oneida, NY 13421
- **By Credit Card Payments:** Please check the box if you would like to process a payment by phone.
 Yes, please contact me to process a payment over the phone, or call 315-361-2169
- **Online:** Go to: www.oneidahealth.org/donate-now.

Sending a contribution and this form acknowledges that you agree and understand that it will be used to fund the following initiatives:

- **Educational Scholarships:** Local high school seniors and current college students attending classes in science/allied health and/or health-related fields.
- **Technology Upgrades:** These funds will be allocated to purchase the most innovative technology for Oneida Health Hospital and medical offices.

If you prefer to contribute to another cause, please consider the following other important programs that the Oneida Health Foundation supports:

- Fit Kids of Madison County:** Collaborative program with the Oneida YMCA for youth in 7th & 8th grade with a focus on lifelong health and wellness.
- Cancer Care Fund:** Started by Mom Prom and other third party events, this patient assistance fund offers financial support to individuals and their families to provide basic needs and help reduce medical costs, during cancer treatment.
- Extended Care Facility (ECF)** or **Other Area as Designated:** _____

Donor Information

Your Name(s): _____ Anonymous
(Name as you would like it to appear in recognition publications)

Address: _____

Email: _____ Phone: _____

Is this contribution in memory or honoring someone? Yes or No

If so, please indicate the name of the individual(s): _____