

Name(s) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit card type: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Credit card number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CCV \_\_\_\_\_

Signature \_\_\_\_\_

Please make checks payable to: Crouse Health Foundation. You will receive a receipt for your tax-deductible gift.

\*Non tax deductible portion of membership: Patron \$230, Fellow \$320, Benefactor \$520



  
CROUSE HEALTH  
SOCIETY

Crouse Health Foundation  
736 Irving Avenue  
Syracuse, New York 13210

YOUR STAMP  
IS AN  
EXTRA GIFT.  
THANK YOU!



Ensuring Crouse Health's  
longstanding leadership in  
providing our community  
with high-quality,  
patient-focused healthcare

 CROUSE HEALTH  
SOCIETY

Society members  
help ensure the best in  
patient care.



 CROUSE HEALTH  
FOUNDATION

736 Irving Avenue, Syracuse, New York 13210  
315-470-7702  
crouse.org/foundation



Your Invitation  
to Join

 CROUSE HEALTH  
SOCIETY



The Crouse Health Society is made up of individuals who share a vision for quality healthcare today, tomorrow and for years to come. Founded in 1991, gifts to the Society support the Crouse Health Foundation, a permanent source of funding for equipment, programs and services for Crouse Health.

The leadership gifts of Society members demonstrate their commitment to Crouse Health. Their generosity provides the support necessary for the hospital to invest in the latest equipment and technologies, to enhance programs and services, and to develop new initiatives to better meet community healthcare needs.



BENEFITS OF MEMBERSHIP

	MEMBER* \$1,000+	PARTNER* \$2,000+	FELLOW* \$5,000+	BENEFACTOR* \$10,000+
Support the best in patient care and promote community health				
Tax deduction eligibility				
Annual subscription to <i>YourCare</i> magazine and Crouse Health Foundation annual report of donors				
Personal invitation to Crouse Health Tribute Evening, President’s Forum and other special events				
Special recognition as a member of the Crouse Health Society in the annual report of donors as well as in other Crouse Health Foundation materials				
Complimentary flu shot by Crouse Hospital Employee Health Services				
Personal patient assistance				
Two (2) Road ID safety bracelets				
Two (2) tickets to Crouse Health Tribute Evening				
Upgrade to patron tickets to Crouse Health Tribute Evening (In lieu of general tickets listed above)				
Exclusive invitation to annual reception with Crouse Health Leadership				
Two (2) Road ID safety bracelets with FitBit Flex included				
Private lunch with CEO/Chair of the Board of Crouse Health				

\* Consistent with IRS requirements, the portion of the contribution to the Crouse Health Foundation that is deductible for federal tax purposes is limited to the excess over the value of goods and services received by the donor.



Yes, I/we want to support Crouse Health’s vital work in patient care. Please enroll me/us as a member(s) of the Crouse Health Society at the following level:

- ☐ Benefactor – \$10,000 and above
- ☐ Fellow – \$5,000 to \$9,999
- ☐ Partner – \$2,000 to \$4,999
- ☐ Member – \$1,000 to \$1,999

I/we pledge a total amount of \$\_\_\_\_\_

- ☐ My employer has a matching gift program (please enclose form with gift)

I/we will fulfill the commitment as follows:

- ☐ Gift enclosed \$\_\_\_\_\_
- ☐ Please register this pledge and note that I/we prefer to pay the pledge on

DATE

- ☐ Payment by credit card

Please list this gift in the annual report of donors and other publications as given by

- ☐ Anonymous gift

NAME

SIGNATURE

ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

EMAIL

Please make checks payable to Crouse Health Foundation.