The President's Club | Mount Sinai South Nassau, One Healthy Way, Oceanside, NY 11572

In support of Mount Sinai South Nassau and in recognition of the need to provide for long-term investment in health care for the communities we serve, I am honored to become a member of the President's Club at the following level:

(Please check off level and commitment option.)

- ☐ **Chairman** $100,000
- ☐ **Trustee** $50,000
- ☐ **Cabinet** $25,000
- ☐ **Member** $10,000

- ☐ I have enclosed payment in full with this membership card.
- ☐ I am electing to make payments over a period of_____ years and have enclosed my initial gift of $_____ made payable to Mount Sinai South Nassau.
- ☐ I am unable to make a long term commitment but would like to make a contribution to the President's Club in the amount of $ _____

Signature _____ **Date** _____

Full Name _____

Preferred Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Daytime Tel. ( ) _____ **Evening Tel. ( )** _____ **E-Mail** _____

It is understood that this pledge is made in good faith and that it is my intent to fulfill it within the time frame specified above.
(Please see reverse for credit card payment option, as well as an employee payroll deduction election.)

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For Credit Card Payment:

Charge $_____ to my: ☐ VISA ☐ MasterCard ☐ AMEX

Card #_____ Expiration Date _____

Signature_____ Date _____

Payroll Deduction Agreement for Mount Sinai South Nassau Employees:

Full Name:_____

Department/Unit _____ Telephone Extension _____

I hereby authorize Mount Sinai South Nassau to deduct from my paycheck $ _____ dollars per pay period.

for _____ pay periods for a total amount not to exceed $10,000 for Mount Sinai South Nassau's President's Club.

Employee Signature_____ Date _____