



A Donation to Crouse Health's  
**Clocktower Restoration Project**

Name(s)—please print \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Recognition Preference**

I/We would like to be listed as follows in donor publications and for other recognition purposes. (If you prefer that your gift be anonymous, indicate that in writing below.)

\_\_\_\_\_

I/We hereby commit to the Crouse Health Foundation the following donation in support of **Crouse Health's Clocktower Restoration Campaign.**

This is a

- Personal gift
- Corporate gift

Turret Level Donor  
\$1,000,000

Pinion Level Donor  
\$100,000+

Axle Level Donor  
\$25,000+

Pendulum Level Donor  
\$10,000+

Spire Level Donor  
\$5,000+

Clockhand Level Donor  
\$ \_\_\_\_\_

### Gift to be paid as follows:

Record this gift as a pledge to be paid as follows:

MONTH	YEAR	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____

Enclosed is a check for \$\_\_\_\_\_ payable to the **Crouse Health Foundation**.

My employer has a matching gift program. A matching gift form is enclosed.

Please invoice me for this donation.

Charge my credit card as follows:

Master Card     Visa Card     Discover Card     American Express Card

Amount: \$ \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Account No. \_\_\_\_\_

Expiration Date \_\_\_\_\_ CSV/CSC Code \_\_\_\_\_ (back of card)

(Credit card donations may also be made online at **[crouse.org/give](http://crouse.org/give)**)

Questions regarding this project or gift options may be directed to Barb Karas at 315-470-7469 or [BarbaraKaras@crouse.org](mailto:BarbaraKaras@crouse.org).

### Thank you for your support!

Donations are tax-deductible to the extent provided by the law; additional tax information will be sent with your gift acknowledgment.