



Employee Hurricane Relief Fund

Print Name Employee ID#

Home Address Dept Name / Phone #

City State Zip Home Phone #

I hereby authorize the following amount to be deducted from my paycheck:
 \$5 \$10 \$25 \$50 Other: _____

Over the following number of pay periods:

1 2 3 4 5 6

Signature: Date:

I prefer to make a donation and have enclosed a check payable to New York Hospital Queens with **“Employee Hurricane Relief”** in the memo line.

Donations can also be made by Credit Card at “Make a Donation” via www.nyhq.org

Send this form to:

Shea Z. Lerner, MSW
Director of Development
New York Hospital Queens
56-45 Main Street
Flushing, NY 11355

Development Department 718-670-1009
All Gifts are tax deductible to the extent provided by law.