



**ASSOCIATE HELPING HANDS CONTRIBUTION FORM  
(One Time Contribution)<sup>1</sup>**

January 14, 2010

Dear Perspective Donor,

The Catholic Health System is very grateful for your consideration in donating to the Associate Helping Hands program. The Associate Helping Hands program is intended to assist Associates of Catholic Health who are experiencing a significant financial hardship due to unforeseen economic conditions, a family tragedy, or unexpected emergency.

If you would prefer to direct your donation to a particular ministry of Catholic Health, please use this form to make that designation. If your contribution is greater than \$250.00, you will receive a tax receipt letter that you may use for an IRS tax credit.

Please attach this form and your check made payable to the Catholic Health System and send to the following address:

Damon A. Sykes, Manager-Treasury Services  
Marion Center Finance Dept.  
515 Abbott Road, Suite 508  
Buffalo, NY 14220  
(716) 828-3794

We sincerely appreciate your donation,

Joseph D. McDonald  
President and CEO  
Catholic Health System, Inc.

Catholic Health System	\$ _____
Mercy Hospital of Buffalo	\$ _____
Sisters of Charity Hospital	\$ _____
Sisters of Charity Hospital St. Joseph Campus	\$ _____
Kenmore Mercy Hospital	\$ _____
Long Term Care Division	\$ _____
Home Care Division	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

<sup>1</sup> Payroll Deduction form is available if an Associate is interested in Payroll deduction