



Jon Shay Memorial Fund Gift Agreement

When Jon Shay passed away on January 18th, Noyes Health lost a leader, supporter and tireless champion. As a Hospital Board member and a Foundation Board member for decades, Jon's singular focus was always what was best for his community.

To honor Jon and his commitment to the community, the Jon Shay Memorial Fund has been established. The first project that will be undertaken through this fund will be renovation of the entire Third Floor which will be named the Jon Shay Memorial Patient Care Unit. This project will cost approximately \$450,000.

By signing this agreement, I, (name of donor) _____ commit to supporting the project with a pledge of \$_____ to the Jon Shay Memorial Fund (check to be made payable to Noyes Foundation) or a charge in the amount of \$_____ may be applied to my credit card:

Visa MasterCard Discover

Cardholder Name: _____ Credit Card Number: _____
Cardholder Address: _____
3 digit code (on back of card): _____ Expiration Date: _____
Cardholder Signature: _____

If you wish, payments may be spread out in equal payments over three years:

Please bill me (check one):

Annually Semi-annually Quarterly Monthly

My total pledge of \$_____ is unrestricted.

Name of Donor(s)

Mailing Address

Town, State, Zip Code

Date

Giving Levels:
Shay Circle:
\$5,000 and up
Leadership Circle:
\$2,500-\$4,999
Community Partner Circle:
\$1,000-\$2,499
Ambassador Circle:
\$500-\$999

Mail to: Noyes Health
Jon Shay Memorial Fund
111 Clara Barton Street
Dansville, New York 14437
Attention: Kellie Sylvester

