

Giving Form

\square Ms. \square Mrs. \square Mr. \square Mr. an	nd Mrs. □ Dr.		
Name			
Address	City	State	Zip
Phone Number	Email		
Please accept my gift of:			
□ \$25 □ \$50 □ \$7	75 \square \$100 \square Other		
Please direct my gift to:			
$\hfill\Box$ Where most needed	\square Center for Women \square Neig	hborhood Heal	th Center
□ Washuta Cardiac Center	\square Nurse Education \square Other	r	
In Honor of	In Memory of		
Please notify (name)			
Address	City	State	Zip
Phone Number	Email		
Payment Information:			
□ Please make check payable	to: Mount St. Mary's Hospital Foun	dation	
□ Please charge my credit ca	ard: \square VISA \square Master Card \square A	American Expre	ess 🗆 Discover
Name (as it appears on card) _			
Card Number	Exp. Date	Security Code	
Signature	Date		

Thank you for your support!

Please return your completed form to Ashley Misko, Mount St. Mary's Hospital Foundation 5300 Military Road, Lewiston, NY 14092

For questions, please contact our office at (716) 298-2143