

Giving Form

□ Ms. □	Mrs. \square Mr. \square	☐ Mr. and Mrs. □	□ Dr.		
Name					
Address			City	State	_ Zip
Phone Number			Email		
Please a	accept my gift	of:			
\square \$25	□ \$50	□ \$75 □	\$100		
Please a	lirect my gift	to:			
\square NICU Project \square St. Joseph Fund					
□ Footpr	rints on the He	art □ Other	·		
□ Where	most needed				
In Honor	c of		In Memory o	f	
Please no	otify (name)				
Address			City	State	_ Zip
Phone N	umber		Email		
Paymen	t Information	ı:			
□ Please	make check pa	ayable to: Sisters	Hospital Foundation	on	
□ Please	charge my cre	dit card: □ VISA	□ Master Card	□ American Express	\square Discover
Name (a	s it appears on	card)			
Card Number		Exp. Date _	Security (Security Code	
Signatur	'e		Date		

Thank you for your support!

Please return your completed form to Anne Snyder, Sisters Hospital Foundation 2157 Main Street, Buffalo, NY 14214