

Ms.  Mrs.  Mr.  Mr. and Mrs.  Dr.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

***Please accept my gift of:***

\$25  \$50  \$75  \$100  Other \_\_\_\_\_

***Please direct my gift to:***

Where most needed  Center for Women  Neighborhood Health Center  
 Washuta Cardiac Center  Nurse Education  Other \_\_\_\_\_

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 Foundation

Please charge my credit card:  VISA  Master Card  American Express  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  
Julie Berrigan, Mount St. Mary's Hospital Foundation  
5300 Military Road, Lewiston, NY 14092**

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