

Giving Form

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

Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

Please accept my gift of:

\$50 \$100 \$250 \$500 \$1,000 Other _____

Please direct my gift to:

Where most needed Emergency Room Women's Services
 Technology Equipment 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
Mount St. Mary's Hospital Foundation
5300 Military Road, Lewiston, NY 14092**

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