

Gift Form

Please complete and mail or fax to: The Foundation of St. Mary's Hospital at Amsterdam
427 Guy Park Avenue, Amsterdam, NY, 12010

Mr. Mrs. Ms. Dr.

Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Enclosed is my gift of:

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

Total Gift \$ _____ Total Pledge \$ _____ Balance Paid by _____

Please use my gift:

Wherever the need is greatest _____ /Specific Program _____

Enclosed is a check payable to: The Foundation of St. Mary's Hospital at Amsterdam

Please bill my credit card. \$ _____

Card # _____ Visa/MasterCard/ Amex/Discovery

Expiration Date _____ Authorized Signature _____

My employer has a matching gift program. The form is enclosed.

I wish my gift to remain anonymous. We will not list your name in any donor reports.

Your gift is tax deductible to the full extent of the law.

Please recognize my gift:

In Honor of: _____

In Memory of: _____

Please send notification of my honorary/memorial gift to:

Name _____ Address _____

City _____ State _____ Zip _____

I would like to remember St. Mary's Hospital in my estate planning, please send me information.