



## The Gift of Giving

Thank you for considering a gift in support of St. Francis Hospital. To make a gift, please print and then complete this form, and mail it with your check or other payment information to:

St. Francis Hospital Foundation  
Office of Development  
100 Port Washington Blvd.  
Roslyn, NY 11576

Please make checks payable to the St. Francis Hospital Foundation. Your gift to St. Francis entitles you to a tax deduction when filing your federal tax forms in accordance with IRS regulations.

### **Donor Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

I am delighted to make a gift of \$\_\_\_\_\_ in support of St. Francis Hospital. I understand that an acknowledgment of my gift will be mailed to the above address.

### **Method of Payment**

Check

MasterCard     Visa     American Express

Name on Card \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

### **Honor/Memorial Gifts**

I would like to designate this gift in honor of \_\_\_\_\_ for  
(name)  
\_\_\_\_\_  
(occasion or message)

OR

I would like to designate this gift in memory of \_\_\_\_\_  
(name)



**ST. FRANCIS HOSPITAL**  
**THE HEART CENTER®**



(For honor/memorial gifts) In addition to mailing my acknowledgment to the above address,  
**please also send a card to the following person informing them of this gift:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

To designate your gift to a specific initiative (such as the expansion project or an equipment purchase), please call the Office of Development at (516) 563-7950.