

Giving Form

Name				
Address		_City	State	Zip
Phone Number		Email		
Please accept my gift of:				
□ \$25 \$50 [□ \$75 □ \$100) \Box Other		
Please direct my gift to:				
□ Special Care Nursery Fu	und 🗆 St. Joseph	Fund		
\Box Footprints on the Heart	\Box Other			
\Box Where most needed				
In Honor of		_In Memory of		
Please notify (name)				
Address		_City	State	Zip
Phone Number		Fmail		

Payment Information:

 \square Please make check payable to: Sisters Hospital Foundation

 \Box Please charge my credit card: \Box VISA \Box Master Card \Box American Express \Box 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 Anne Snyder, Sisters Hospital Foundation 2157 Main Street, Buffalo, NY 14214

For questions, please contact our office at (716) 862-1990