



Yes, I would like to make a gift to support The Foundations of Catholic Health!

Name: _____

Preferred Listing in Publications: _____ Check here to remain anonymous

Phone: _____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Please accept my gift of:

\$1,000 \$500 \$250 \$100 \$50 \$25 Other \$ _____

I would like to direct my gift to:

- | | |
|--|--|
| <input type="checkbox"/> Continuing & Home Care -Greatest Need | <input type="checkbox"/> McAuley Residence |
| <input type="checkbox"/> Kenmore Mercy Hospital -Greatest Need | <input type="checkbox"/> Mercy Skilled Nursing Facility at OLV |
| <input type="checkbox"/> Mercy Hospital of Buffalo -Greatest Need | <input type="checkbox"/> Father Baker Manor |
| <input type="checkbox"/> Mount St. Mary's Hospital -Greatest Need | <input type="checkbox"/> Lockport Memorial Hospital |
| <input type="checkbox"/> Sisters of Charity Hospital -Greatest Need | <input type="checkbox"/> St. Joseph Campus |
| <input type="checkbox"/> The Foundation of Catholic Health – Greatest Need | |
| <input type="checkbox"/> Other _____ | |

In honor of _____ In memory of _____

Please notify (name) _____

Address _____ City _____ St _____ Zip _____

I would like to fulfill my commitment as follows:

- Check Enclosed (made payable to The Foundations of Catholic Health)
- Visa MC AmEx Discover
- Acct. # _____ Exp. ____/____ CSV: _____

Signature _____

Date _____

- I've included one or more of The Foundations of Catholic Health in my estate plans
- I'd like to learn more about including one or more of The Foundations of Catholic Health in my estate plans

Thank you for your support!

Please return this form to:

The Foundations of Catholic Health, 144 Genesee St. 6th Floor, Buffalo, NY 14203

For more information contact Jillian Connor, Annual Giving Officer at 716-706-2106 or jconnor@chsbuffalo.org