



Yes, I would like to make a gift to support The Foundation 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"/> Kenmore Mercy Hospital -Greatest Need
<input type="checkbox"/> Mercy Hospital of Buffalo -Greatest Need
<input type="checkbox"/> Mount St. Mary’s Hospital -Greatest Need
<input type="checkbox"/> Sisters of Charity Hospital -Greatest Need
<input type="checkbox"/> The Foundation of Catholic Health – Greatest Need
<input type="checkbox"/> Other _____ | <input type="checkbox"/> McAuley Residence
<input type="checkbox"/> Mercy Skilled Nursing Facility at OLV
<input type="checkbox"/> Father Baker Manor
<input type="checkbox"/> Lockport Memorial Hospital
<input type="checkbox"/> St. Joseph Campus |
|---|--|

In honor of _____ **In memory of** _____

Please notify (name) _____

Address: _____ **City:** _____ **St:** _____ **Zip:** _____

Step 3: I would like to fulfill my commitment as follows:

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

Signature

Date

- I’ve included The Foundation of Catholic Health in my estate plans
- I’d like to learn more about including The Foundation of Catholic Health in my estate plans

Thank you for your support!

Please return this form to:

The Foundation 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.