



I Want to Help Montefiore Nyack Hospital

I know that my gift will help Montefiore Nyack Hospital deliver the best care possible to my family, friends and neighbors. I want to say thanks.

Please accept my donation in support of: _____

- | | |
|--|--|
| <input type="checkbox"/> Montefiore Nyack Hospital's most urgent needs | <input type="checkbox"/> The Breast Center |
| <input type="checkbox"/> Pediatric and neonatal care | <input type="checkbox"/> Cancer Center |
| <input type="checkbox"/> Parkinson's Support Group | <input type="checkbox"/> Emergency Care |

1,000 500 250 100 50 25 Other _____

Check enclosed Payable to: **Nyack Hospital Foundation**
160 N. Midland Ave., Nyack, NY 10960

Name _____

Address _____ City _____ State _____ ZIP _____

Email _____ Phone _____

- Visa MasterCard Amex Discover
 Make this a recurring monthly gift – I understand I will have the option to renew each year.

CARD NUMBER _____

CVV NUMBER _____ EXP. DATE _____

This gift is: in memory in honor in recognition of a caregiver
(Please feel free to share your story on the back)

Please send notice of my donation to *(name and address please)*

Name _____ Address _____

- My company will match my gift.
 Please send information on how to include Montefiore Nyack Hospital in my estate plans.
 All gifts are listed in our annual report and gifts in honor and memory are listed online and in our newsletter; please check here if you would like to remain anonymous.

You can also go to Montefiorenyack.org to make a secure, tax-deductible donation.
For more information about giving to the Hospital contact us at 845.353.3333
or at foundation@nyackhospital.org.

Thank you for your generosity! You are helping to make great things happen!
Nyack Hospital Foundation Tax ID# 13-3245804