

Enclosed is my gift of \$ _____

- My company has a matching gift program. (Please include signed form)

Given by:

Donor's Name _____

Address _____

City _____

State _____ Zip _____

Telephone _____

Please make checks payable to:

ELIH Development

Please charge my donation to:

- Master Card
 Visa

Account Number _____

Expiration Date ____ / ____ / ____

Cardholder's Name (Please Print)

Signature _____

Send me information:

- Living Legacy Wills & Bequests
 Annuities/Trusts Special Events

EASTERN LONG ISLAND HOSPITAL
DEVELOPMENT/COMMUNITY RELATIONS
Phone: 631 477-5164 Fax: 631 477-8218

MEMORIAL & TRIBUTE GIFT GIVING PROGRAM

The enclosed gift is made:

- In Loving Memory of:

Name: _____

- In Tribute to:

Name: _____

In Celebration of:

- Anniversary ____ / ____ / ____

- Wedding ____ / ____ / ____

- Birthday ____ / ____ / ____

- Graduation ____ / ____ / ____

- Other _____

A letter of acknowledgement will be sent to the person(s) or family member(s) you designate below. The name of the person you wish to remember or honor will be named in the acknowledgement and in the ELIH Annual Report.

Please acknowledge:

Name _____

Address _____

City _____

State _____ Zip _____

Relationship _____

(must be completed to be acknowledged)