



Gift Form

I/We are contributing \$ _____

In memory of

(Print Name of Deceased)

Payment Method:

- Check enclosed payable to
Huntington Hospital
- Visa/MasterCard/Amex/Discover
(Minimum gift \$25)

Account Number _____ Exp. Date _____

Signature

Please send acknowledgement of my gift to:

Name

Address

City

State _____ Zip _____

From:

Relationship to deceased:

- Spouse Son/Daughter
- Parent Other _____

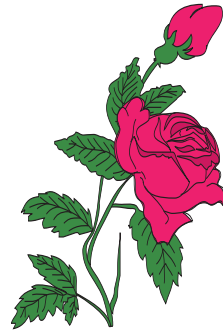
Donor's Name

Address

City

State _____ Zip _____

Telephone _____ E-mail Address _____



Development & Community Relations Office
Huntington Hospital
 270 Park Avenue
 Huntington, New York 11743

Name _____

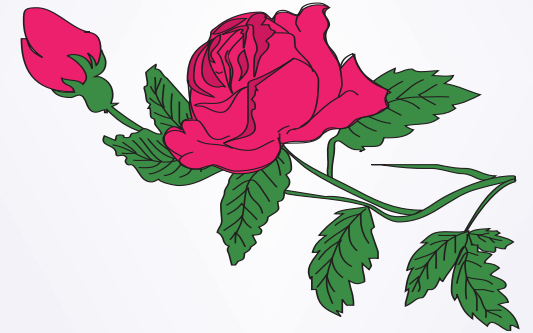
Address _____

City _____ State _____ Zip _____



Place
Stamp
Here

Special Gift Program



*A Way to
Honor the Memory of
Someone Who Has
Passed Away*

North Shore LIJ Huntington Hospital

North Shore-Long Island Jewish Health System

www.hunthosp.org

*Your thoughtfulness
helps to maintain
excellence at
Huntington Hospital*

Through our Special Gift Program, you can make a donation to honor a loved one, friend or special person or to honor the memory of someone dear to you.

An acknowledgement of your gift will be promptly sent to whomever you designate. The amount of the gift is not disclosed.

DOUBLE YOUR GIFT

You or your spouse may be employed by a company that has a matching gift program. Please check with your Human Resources Office for the appropriate form.

Return form and payment to:
Huntington Hospital
Attn: Office of Development and
Community Relations
270 Park Avenue
Huntington, NY 11743-2799
(631) 351-7040

How to make a special gift

Please fill out the attached form and return it with credit card information or check made payable to **Huntington Hospital**.

When your gift is received, an acknowledgement will be sent to the person(s) or family named.

The name of the person(s) honored will appear on your letter. The amount of the gift will not be made known.

You may designate your gift to a specific patient care area, such as:

- Cardiac Center*****
- Dolan Family Health Center
Indigent Patient Care
Endowment Fund****
- Don Monti Cancer Center*
(Oncology Unit)**
- Intensive Care Unit**
- Pediatrics*****
- Women's Health Center**
- Other _____**

* All memorial gifts to the Don Monti Cancer Center having a cumulative total of \$250 or more will be recognized on the tribute wall, located outside of the unit.

** Gifts of \$150 or more to the Dolan Family Health Center Endowment Fund will be recognized with an engraved brick (\$150) or building block (\$500), permanently affixed to the Dolan Family Health Center.

***Gifts of \$1,000 or more to the Cardiology or Pediatric Units will be recognized on the tribute wall located outside of these units.