



# Gift Form

I/We are contributing \$ \_\_\_\_\_

- In memory of \_\_\_\_\_
- In honor of \_\_\_\_\_
- Other \_\_\_\_\_

\_\_\_\_\_  
(Print Name of Honoree)

- 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

- Relationship to honoree:**
- Spouse     Son/Daughter
  - Parent     Other \_\_\_\_\_

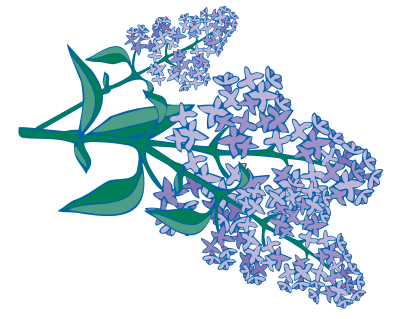
\_\_\_\_\_  
Donor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_/\_\_\_\_\_  
State                                      Zip

\_\_\_\_\_/\_\_\_\_\_  
Telephone                              E-mail Address



\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_/\_\_\_\_\_  
City                                      State                                      Zip

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

Place  
Stamp  
Here



# Special Gift Program



*A Way to Honor  
Those Dear to Us*

*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 enclosed.

**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 the units.