

Montefiore Medical Center Donation Form

Thank you for your generous support of Montefiore Medical Center. Your 100 percent tax-deductible contribution will make a longstanding impact on Montefiore's programming and our ability to deliver on our common mission.

■ Donor Information

Donor name:

Address:

City: State: Zip:

Phone: Email:

■ Donation Designation

Unrestricted to Montefiore Medical Center Office Use Only _____

Restricted to the following:

An endowment for:

■ Estate Planning

I have included Montefiore in my estate plans.

I am interested in including Montefiore in my estate plans.

My company will match this gift.

■ Payment Information

I / we will make a donation of: \$

Please charge to my credit card: Visa MasterCard American Express Discover

Account #: Exp. date: Signature:

Enclosed is my check (*payable to Montefiore Medical Center*).

■ Honorary and Memorial Gifts:

I would like to make this gift in... honor of **or** memory of:

Please notify the following person regarding this honorary / memorial gift:

Name:

Address:

City: State: Zip:

Email:

Thank you for your generosity!

Contact:

Kathleen Kearns
Senior Vice President and Chief
Philanthropy Officer

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