



I would like to direct my gift of:

\$50 \$100 \$250 \$500 \$1,000 other _____

to the following area:

____ Where Most Needed ____ Cardiovascular Services
____ Regional Cancer Center ____ Villa Marie Claire
____ Hospice/Palliative Care ____ MS Center

Payment by: Check AMEX VISA MasterCard Discover

Credit Card # _____ Exp. Date _____ Security Code _____

Billing Address _____

Name on Card _____

Signature _____

Please make my gift in memory of in honor of

My company will match my gift, the form is enclosed

I am interested in Planned Giving opportunities

Thank you for your support!

*Please make your check payable to the Holy Name Medical Center Foundation and mail to the Foundation at
718 Teaneck Road, Teaneck, NJ 07666. For more information, please contact the Foundation office at 201-833-3187 or foundation@holyname.org.
Holy Name Medical Center is a 501 (c) 3 organization; tax ID # 22-2737143. Contributions are tax deductible to the extent permitted by law.*