

# Benedictine Health Foundation Donation Form

- Annual Gift
- Commemorative Gift
- The Campaign for the Cancer Center
- Other \_\_\_\_\_

## Donor Information

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**for Commemorative Gifts:** In Honor of \_\_\_\_\_ or In Memory of \_\_\_\_\_

**Enclosed is my check** (Payable to the Benedictine Health Foundation)

in the amount of \$ \_\_\_\_\_

**OR... please charge my credit card for my contribution:**

AMEX     Visa     Mastercard    Card number \_\_\_\_\_

Authorized signature \_\_\_\_\_ Expiration date \_\_\_\_\_

**Please indicate if you would like your contribution to be anonymous:**

(Should you choose to make your gift anonymously, please provide your donor information above—your name will not be listed publicly as a contributor to this project)

**Please mail this form to:**

Benedictine Health Foundation  
105 Mary's Avenue  
Kingston, NY 12401

**Thank you for your generosity**

Benedictine Health Foundation is a 501c3 non profit organization

Tax ID # 22-2243537

\*Your gift is tax deductible to the extent allowed by law