



Annual/Monthly Giving Form

Gift Information:

Yes, I am pleased to support St. John's with the enclosed gift of: _____ Date _____

This is a: One-time gift Monthly gift (I authorize St. John's to charge the amount above to my account each month.
Please process on the 1st or 15th)

I have enclosed a Check (*payable to St. John's Episcopal Hospital*)

Please Charge my: VISA AMEX Mastercard Discover

Card # _____ Sec. Code _____ Exp. Date _____

Name on Card _____ Signature _____

Donor Information:

Name _____

Home Address _____

City, State, Zip _____

Preferred Phone _____ Preferred Email: _____
(Home/Business/Cell) (Home/Business)

I would like to learn more about planned giving I have included a gift in my Will or other legacy plans.

Please sign and date this form

Donor Signature

Date

Questions on giving or how to get involved in our events? Please call (718) 869-8062

Send completed form by email (scan) or regular mail:

St. John's Episcopal Hospital
377 Oak Street, Suite 209
Garden City, New York 11530
Attention: Nancy Leghart, Director of Foundation