



## Tribute Gift Form

### Gift Information:

Enclosed is my tribute gift: \$ \_\_\_\_\_  In Memory of  In Honor of \_\_\_\_\_  
*Birthday, Anniversary, Holiday*

Person's Name \_\_\_\_\_

Please send a tribute card to:

Name \_\_\_\_\_

Address \_\_\_\_\_

Card from \_\_\_\_\_

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

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

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

TR Online

Email: [nleghart@ehs.org](mailto:nleghart@ehs.org)