



River Hospital Donation Form

We understand that giving is a personal decision and we are honored that you are considering making a gift to River Hospital.

Step 1: Donor Information

Donation from an Individual/Family:

Donation from a Business or Organization:

First Name(s) Last

Name of Business or Organization

Recognition Name

Contact Name Last

Step 2: Donation Options

This donation is **ANONYMOUS**

This donation is in memory of in honor of _____

Step 3: Address

Street Address

City

State

Zip

Phone

E-Mail Address

Step 4: Donation

Donation Amount \$1,000 \$500 \$250 \$100 \$50 Other \$ _____

Method of Payment: Check Enclosed Credit Card
(American Express, Mastercard, Visa or Discover)

Name on Card _____ Card # _____ Exp: _____

Please mail your donation to: River Hospital Development Department
P.O. Box 567 | Alexandria Bay, NY 13607
Tel: 315-482-4976 Fax: 315-482-4978
www.riverhospital.org