



# River Hospital Annual Fund

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:

\_\_\_\_\_  
*First Name(s) Last*

\_\_\_\_\_  
*Recognition Name*

Donation from a Business or Organization:

\_\_\_\_\_  
*Name of Business or Organization*

\_\_\_\_\_  
*Contact Name Last*

## Step 2: Donation Options

This donation is ANONYMOUS

This donation is in memory of  in honor of  \_\_\_\_\_

## Step 3: Address

*Email is the most cost-efficient way to send you a tax receipt. Your information will remain private.*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Phone*

## Step 4: Donation

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

Method of Payment:  Check Enclosed  Credit Card  
(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