



170 William Street
New York, NY 10038
(212) 312-5000

DEVELOPMENT OFFICE
(212) 801-1700

DONATION FORM

Today's Date: _____

Your 100% tax-deductible donation to New York Downtown Hospital will support its life-saving work as the only hospital in Lower Manhattan.

Yes! I wish to make a 100% tax-deductible donation in the amount of:

- \$75 \$100 \$250 \$500 \$1,000
- \$1,500 \$2,500 \$5,000 \$10,000 Other \$ _____

This gift can be matched by my employer. The completed form is enclosed.

I wish to make this gift anonymously.

I wish to make this gift: In Honor of _____ In Memory of _____

Donor Name: (Dr. / Mr. / Mrs. / Ms.) _____

- Individual Company Foundation Organization

Preferred address: Home Business

Company: _____ Title/Dept: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____ Email: _____

Your information will not be sold or exchanged.

Please check where appropriate:

Enclosed please find my check made out to **NEW YORK DOWNTOWN HOSPITAL**

Mail to: Development Office
New York Downtown Hospital
170 William Street, New York, NY 10038

Charge my credit card. American Express MasterCard VISA

Credit Card #: _____ Expiration Date: ____/____

Please specify amount to be charged \$ _____

Card Holder Name: _____ Signature: _____

Special Instructions: _____

FAX THIS FORM TO: (212) 801-1711

Please contact Development Office at (212) 801-1700 for any inquiries regarding this donation.

Thank you for supporting Lower Manhattan's only hospital!
For more information about Downtown Hospital, please visit our website at
www.downtownhospital.org or call us at (212) 312-5000