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Donor Information

*Title	*First Name	Middle Initial	*Last Name	Suffix
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Gift Amount: \$ _____

This gift is: In honor of In memory of

Name of Honoree (if "in honor/memory of" box is checked above): _____

Would you like us to notify someone of your tribute gift? This notification will not include your gift amount. If so, please fill in the information below:

Name(s) of person(s) to receive notification	Address		
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Please make check or money orders payable to New York-Presbyterian Fund, Inc. If paying by credit card, please provide the following:

Name as it appears on card (please print)	Cardholder signature		
Type(AMEX/MasterCard/VISA/Discover)	Number	Expiration Date (MM/YY)	C V V
Area of NewYork-Presbyterian you wish to support with your gift:			
<input type="checkbox"/> Where most needed	<input type="checkbox"/> Capital Campaign	<input type="checkbox"/> Clinical Research	
<input type="checkbox"/> Patient Care	<input type="checkbox"/> Physician Recruitment	Other: _____	

If you would like to make a recurring gift, please call our Annual Giving team at 212-342-0798.

Matching Gifts

Many employers have matching gift programs. If your employer has such a program, your gift could have an even greater impact on the **amazing things** happening at NewYork-Presbyterian for our patients and their families. Simply request and complete a matching gift form from your organization and mail it to us at the address listed above.