

To make a gift to NewYork-Presbyterian Hudson Valley Hospital, complete and submit this form with your check or money order. Please do not return this form by email; return through postal mail only. If you wish to donate electronically, or use your credit card, please use our secure giving portal at [www.nyp.org/hudsonvalley/development](http://www.nyp.org/hudsonvalley/development).

## Donor Information

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|               |             |                |            |         |
|---------------|-------------|----------------|------------|---------|
| *Title        | *First Name | Middle Initial | *Last Name | Suffix  |
| *Address      |             |                |            |         |
| *City         |             | *State         | *ZIP       | Country |
| Email Address |             |                | Phone      |         |

## Gift Information

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:

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|  |         |     |         |
|--|---------|-----|---------|
| Name(s) of person(s) to receive notification | Address |     |         |
| City   | State   | ZIP | Country |
| Email Address                                |         |     |         |

### Area of NewYork-Presbyterian Hudson Valley Hospital you wish to support with your gift:

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Annual Fund/Greatest Need | <input type="checkbox"/> COVID-19 Healthcare Worker Support Fund | <input type="checkbox"/> Maternal and Newborn Care |
| <input type="checkbox"/> Renewal & Readiness       | <input type="checkbox"/> Honor a Caregiver (Grateful Patient)    | <input type="checkbox"/> Other:                    |

If you would like to make a recurring gift, please email Rebecca Eduardo at [rae9031@nyp.org](mailto:rae9031@nyp.org).

## Matching Gifts

Many employers have matching gift programs. If your employer has such a program, you could double—or even triple—the size of your gift to NewYork-Presbyterian Hudson Valley Hospital. Simply request and complete a matching gift form from your organization and mail it to us at the address listed above. Questions about matching gifts? Please email us at [rae9031@nyp.org](mailto:rae9031@nyp.org).

## Payment Information

**I have enclosed a check made payable to NewYork-Presbyterian Hudson Valley Hospital.**

If you have questions about your gift, please email Rebecca Eduardo at [rae9031@nyp.org](mailto:rae9031@nyp.org).