

- Yes! I/we would like to make a contribution to support essential women's and children's healthcare and programs at the New York-Presbyterian Morgan Stanley Children's Hospital and Sloane Hospital for Women.

DONATION AMOUNT:

- \$50,000
 \$25,000
 \$20,000
 \$15,000
 \$10,000
 \$5,000
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DONOR INFORMATION:

Name(s) _____

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City _____ State _____ ZIP Code _____

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- I would like to make this donation anonymously.

GIFT INFORMATION:

- Enclosed is my/our check in the amount of \$ _____ made payable to New York-Presbyterian Fund, Inc.

- Please charge \$ _____ to my/our: Amex Mastercard Visa

Card Number _____ Exp. Date _____

Name as it appears on the card _____

Signature _____

Please do not return this form by email; return through postal mail only. If you wish to donate electronically, please use our secure giving portal at give.nyp.org/nypfamily.

Please mail this completed form with payment to:

New York-Presbyterian
Office of Development
Attention: Tammy DeJesus
850 Third Avenue, 12th Floor
New York, NY 10022

If you have questions about your gift, please contact **Therese Davis** at (646) 369-9267 or thd9026@nyp.org, or **Kara Hurley** at (212) 342-0785 or kah9146@nyp.org.

If you wish to make a donation through stock or wire transfer, please call (646) 317-7300 for more information.