

CONTRIBUTION FORM

I / we would like to support Yale New Haven Hospital with a gift of:

\$25 \$50 \$100 \$250 \$500 Other: \$_____

Title First Name M.I. Last Name Suffix

Organization Name Position

Address

City/State/Zip

Phone Email

- I wish to direct my gift to _____
- I wish to remain anonymous
- Please send me information about making a planned gift or bequest to Yale New Haven Hospital

All gifts are tax deductible to the extent provided by law.

This gift is given:

- In honor of: _____
- In memory of: _____

Please send notification of this gift to:

Name

Address

City State Zip

Method of payment:

- Enclosed find my check made payable to:
Yale New Haven Hospital

Please Charge my gift for the amount indicated to:

- Visa** **MasterCard** **Discover**
- American Express**

Account Number

Name on Card Exp. Date

Signature

Yale New Haven Hospital • Office of Development
P.O. Box 419176 • Boston, MA 02241-9176
(203) 688-9644 • Fax: (203) 688-8338

*YNHH's dedicated banking address is located in Boston, MA.
Using this address ensures that your gift is quickly and securely deposited upon receipt.*