

Arnot Health Foundations Donation Form

Gift Amount

\$1,000 \$500 \$250 \$100 Other \$ _____

My gift is for:

Arnot Ogden Medical Center

- Unrestricted for greatest need
- Children’s Miracle Network
- Arnot Ogden Medical Center Auxiliary
- Heart & Vascular Institute
- Falck Cancer Center
- Neonatal Intensive Care

St. Joseph’s Hospital

- Unrestricted for greatest need
- Rehabilitation Services
- Skilled Nursing
- Behavioral Science Unit (BSU)

Ira Davenport Memorial Hospital

- Unrestricted for greatest need
- Taylor Health Center
- Emergency Department
- Joe F. Meade Jr. Outpatient Rehabilitation Center

This gift is given in memory of honor of [Name] _____

Please Notify: Name _____

Address: _____

This gift is given to thank an employee or department

Person or department name _____

Message _____

Donor Information

Title Mr. Dr. Mrs. Ms.

First Name _____ Last Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

- I prefer to make this gift anonymously
- This payment is a pledge payment
- My company is a matching gift company
- Name of company _____

Payment Information

Check enclosed (made payable to Arnot Health Foundations)

Please return checks to: Arnot Health Foundations
571 East Market Street Suite 102
Elmira, NY 14901

VISA MC DISCOVER _____ - _____ - _____

Exp. Date __/__/__ Security Code _____

If you have any questions, please call 607.737.7004.