Westfield Memorial Hospital Foundation, Inc.

159 East Main Street © Westfield, NY 14787

I (We) would like to support the Foundation's Annual Campaign with a tax deductible contribution at the level checked here →

Gifts of $200 or more will be recognized on a display board in the hospital lobby.

This contribution is to be used:

Where need is greatest [ ]

Endowment [ ] Restricted [ ]

Contributions must be received by December 31.

See reverse.

$1000.00 or more	_____
$750.00	_____
$500.00	_____
$200.00	_____
$100.00	_____
$50.00	_____
Other $	_____

Name:_____

List gift as from:_____
Name(s), Title if used, Company, Other

Address: _____

_____

Phone: _____

Email: _____

Enclosed please find my check # _____for $ _____
Payable to WMH Foundation

or

Charge my: Mastercard [ ] Visa [ ] Discover [ ]

Card Number:_____

Expiration Date:___/_____Card Security Code_____

Signature:_____

For information, please call 716.793.2338 or 716.793.2315. Thank You! Web