



ST. JOHN'S EPISCOPAL HOSPITAL  
EPISCOPAL HEALTH SERVICES INC.

**Annual Campaign  
Gift Form**

**Gift Information:**

Yes, I am pleased to support St. John's with the enclosed gift of: \_\_\_\_\_ Date \_\_\_\_\_

This is a:  One-time gift     Monthly gift (I authorize St. John's to charge the amount above to my account each month.  
Please process on the  1<sup>st</sup> or  15<sup>th</sup>)

I have enclosed a Check (*payable to St. John's Episcopal Hospital*)

Please Charge my:     VISA     AMEX     Mastercard     Discover

Card # \_\_\_\_\_ Sec. Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Donor Information:**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Preferred Email: \_\_\_\_\_  
(Home/Business/Cell) (Home/Business)

I would like to learn more about planned giving     I have included a gift in my Will or other legacy plans.

Please sign and date this form

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

Questions on giving or how to get involved in our events? Please call (516) 349-5257

**Send completed form by email (scan) or regular mail:**

St. John's Episcopal Hospital  
700 Hicksville Road  
Bethpage, New York 11714  
Attention: Nancy Leghart, Director of Foundation