



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

Tribute Gift Form

Gift Information:

Enclosed is my tribute gift: \$ _____ In Memory of In Honor of _____
Birthday, Anniversary, Holiday

Person's Name _____

Please send a tribute card to:

Name _____

Address _____

Card from _____

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 _____
(Home/Business/Cell)

Preferred Email: _____
(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

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

TR Online

Email: nleghart@ehs.org