

Your Gifts Make a Difference

Please make sure to select the appropriate designation to direct your contribution to the desired purpose.

Donation

\$1,000 \$500 \$250 \$100 \$50 \$

Custom Amount

*Please circle one option or enter the amount.

Recurring Gift

Make this a recurring gift

Monthly Semi -annual

Designation

- Cancer Care
- Cardiac Care
- Hospice & Palliative Care
- Mental Health
- Pediatrics
- Stroke
- Trauma
- Wellness Medicine
- Women's Health
- Where my gift is needed the most
- Other _____

*Please circle one option.

Tribute Gift

This Gift is in honor or memory of someone.

Name: _____

Should we notify someone of this gift? Kindly list their name and email address

I would like this gift to remain anonymous

Billing Address

Make this gift on behalf of an organization

Name of the Organization: _____

First Name & Last Name

Email

Address

City

State

Zip Code

Country

Phone

Payment Information

Name on Card

Card Number

Expiration Date (MM/YY)

CSC



Please mail this form to:

MediSys Health Network
8900 Van Wyck Expwy
Jamaica, NY 11418
Attn: Development Dept./7N

MediSys Health
Network