



GIFT FORM

Sharing the gift™
of health

The Capital Campaign for OUR EMERGENCY DEPARTMENT

Mr./Ms./Mrs./Miss Name(s): _____

Phone(s): _____ Email: _____

Address: _____

I am/We are pleased to participate in the *Sharing the Gift of Health* capital campaign for OUR EMERGENCY DEPARTMENT.

Enclosed is a one-time gift of \$_____. Please make check/money order payable to: *WCA Hospital, Memo: Emergency Department.*

I hereby pledge the total sum of \$_____. My pledge will be paid by December 31, 2013 as follows:

\$_____ a year for ___ years, beginning _____.

Please bill my credit card in the amount of \$_____. Credit cards gifts can also be taken over the phone by calling (716) 664-8423.

MasterCard/Visa/Discover Card Holder: _____ Card #: _____ Exp. Date: _____ Sec. Code: _____

\$_____ a year for ___ years, beginning _____. Please bill balance Annually Semi-Annually Monthly.

Signature: _____ Date: _____

These gifts are tax-deductible, subject to IRS guidelines.

If a one-time gift, you will receive a formal gift receipt now. If a recurring credit card gift, you will receive formal gift receipts at year's end.

THANK YOU!

Please return completed Gift Form to:

**WCA Office of Development
PO Box 840, 207 Foote Avenue
Jamestown, NY 14702-0840
(716) 664-8423
development@wcahospital.org**

TRIBUTE GIFT

In Memory of _____ In Honor of _____

Please send gift acknowledgement to: Name(s) _____

Address _____