



## Donate to Southampton Hospital Foundation

To make a donation to Southampton Hospital Foundation, please complete and submit this form with your check or money order. You will receive an acknowledgment of your contribution by mail.

### Please mail this completed form to:

Southampton Hospital Foundation  
240 Meeting House Lane  
Southampton, NY 11968

### Questions about your gift?

631.726.8700  
shfoundation@stonybrookmedicine.edu

## Your Information

FIRST NAME MIDDLE INITIAL LAST NAME

COMPANY/ORGANIZATION (IF GIFT IS FROM A BUSINESS OR INSTITUTION)

ADDRESS

CITY STATE ZIP

EMAIL ADDRESS

## Gift Information

THIS GIFT IS:

IN HONOR OF  IN MEMORY OF OCCASION

NAME OF HONOREE

SEND GIFT NOTIFICATION TO

ADDRESS

CITY STATE ZIP COUNTRY

GIFT AMOUNT DIRECT YOUR GIFT TO A SPECIFIC PROGRAM

YES, I WANT TO MAKE A DIFFERENCE THROUGHOUT THE YEAR. MAKE MY GIFT MONTHLY.

## Payment Information

IF PAYMENT BY CREDIT CARD:

FULL NAME AS IT APPEARS ON CREDIT CARD

CREDIT CARD TYPE CREDIT CARD NUMBER EXPIRATION DATE (MM/YY)

CARDHOLDER SIGNATURE

I HAVE REMEMBERED SHF IN MY WILL, RETIREMENT ACCOUNT, OR OTHER LONG-TERM PLANS.

I WOULD LIKE INFORMATION ON PLANNING MY WILL TO BENEFIT SHF.

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO **SOUTHAMPTON HOSPITAL FOUNDATION**

## Matching Gifts

If your employer has a matching gift program, you could double the size of your gift to SHF. Simply request and complete a matching gifts form from your human resources office. Questions about matching gifts? Call 631.726.8700 or email shfoundation@stonybrookmedicine.edu