

Please print and mail or fax a completed form with your payment to:
 North Shore-LIJ Health System Foundation
 125 Community Drive
 Great Neck, New York 11021
 Fax: 516-465-2598
 Phone: 516-465-2550

GIFT FORM

Date: _____

Tribute Gift Options

Is this a gift: In Honor of or In Memory of or Not a Tribute Gift

Honoree Name: _____

If this is a gift, please send an acknowledgement card to:

Name _____

Address _____

City _____ State _____ Zip _____

Annual Giving Options

Is this a new or renewed donation to the Annual Giving Program: Yes No

Please designate my gift to one of the following:

Hospitals

- North Shore University Hospital
- Long Island Jewish Medical Center
- Cohen Children's Hospital
- Forest Hills Hospital
- Franklin Hospital
- Lenox Hill Hospital
- Huntington Hospital
- Plainview Hospital
- Southside Hospital
- Staten Island University Hospital
- Syosset Hospital
- The Zucker Hillside Hospital

Centers of Innovation

- Sandra Atlas Bass Cardiology Centers
- Harvey Cushing Institutes of Neuroscience
- The Feinstein Institute for Medical Research
- Hagedorn Cleft Palate and Craniofacial Center
- Katz Women's Hospitals
- Office of Military & Veterans Liaison Services
- The Litwin-Zucker Research Center for the Study of Alzheimer's Disease and Memory Disorders
- Sondra and David Mack Center for Emergency Medical Services
- NSLIJ Cancer Institute
- Janet & John Raggio Nephrology Institute
- Florence and Robert A. Rosen Family Wellness Center
- Arthur Smith Institute for Urology
- Stern Family Center for Extended Care and Rehabilitation

Designate my gift for this specific department or program: _____

Payment Options

- My check is enclosed (payable to North Shore-LIJ Health System Foundation).
- Enclosed is a matching gift form.
- Please send me information about how planning a gift to NS-LIJ can provide a lifetime of income or reduced estate taxes.
- Please charge \$1,000 \$500 \$250 \$75 Other _____ (\$25 minimum) to my Master Card Visa American Express

Account # _____

Exp. Date _____ Signature _____

Phone # () _____

Donor's Name(s) _____

Email Address _____

Address _____

City _____ State _____ Zip _____