



# Saint Francis Health Care Foundation

241 North Road, Poughkeepsie, NY 12601  
845-431-8707

## CONTRIBUTION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Total pledge/commitment to the Saint Francis Health Care Foundation: \_\_\_\_\_

Name(s) to be used for gift recognition purposes: \_\_\_\_\_

This commitment should be designated as follows:

\_\_\_ Greatest Current Period Needs

\_\_\_ Emergency and Trauma Expansion Project

\_\_\_ Dan Duffy, Jr., Campaign

\_\_\_ Cardiac Catheterization Laboratory

\_\_\_ Other (Specify) \_\_\_\_\_

Commitment will be paid over (1)\_\_\_ (2)\_\_\_ (3)\_\_\_ (Other) \_\_\_ years as follows:

_____ Amount	_____ Mo/Yr	_____ Amount	_____ Mo/Yr	_____ Amount	_____ Mo/Yr
_____ Amount	_____ Mo/Yr	_____ Amount	_____ Mo/Yr	_____ Amount	_____ Mo/Yr

I would like Saint Francis Health Care Foundation to send me a pledge reminder prior to scheduled payment. Yes \_\_\_ No \_\_\_

This gift will be eligible for a corporate matching gift. Yes \_\_\_ No \_\_\_

I have included the Saint Francis Health Care Foundation in my will.

Yes \_\_\_ No \_\_\_ Would like more information \_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

THANK YOU!