



# 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 \_\_\_\_\_