



# GIFT FORM



Mr./Ms./Mrs./Miss Name(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

## I am pleased to support the mission and future of WCA Hospital!

Enclosed is a tax-deductible gift of \$\_\_\_\_\_. Please make check/money order payable to: *WCA Hospital* or *WCA Foundation*.

My gift is intended for: \_\_\_ WCA Hospital (current need) \_\_\_ WCA Foundation (current need or endowment)

\_\_\_ I would like to leave my gift Undesignated to best meet the current and future needs of WCA Hospital.

\_\_\_ I would like to designate by gift for the following purpose, fund, or campaign: \_\_\_\_\_

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: \_\_\_\_\_

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

*These gifts are tax-deductible, subject to IRS guidelines. You will receive a formal gift receipt.*

**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 \_\_\_\_\_