



I would like my gift to be made as a tribute to the following person:

In honor of: \_\_\_\_\_

In memory of: \_\_\_\_\_

Please send gift acknowledgement to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

*Your gift touches real lives.*

- Please contact me about **IRA Roll-over** options, **Stock & Securities** transfers, **Charitable Gift Annuities** and other opportunities.
- I have made a provision for Otsego Memorial Hospital Foundation in my **Will**.
- Please send information about including Otsego Memorial Hospital Foundation in my **Estate Plans**.
- My employer participates in a **Matching Gift** program, please contact me.

My Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State & Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

I prefer my donation to remain anonymous.

My Gift

- \$25
- \$50
- \$100
- \$ \_\_\_\_\_
- \$250 – Circle of Friends
- \$500 – Good Samaritan Society
- \$1000 – Cornerstone Society
- \$2500 – Patron’s Club

My Payment

Check enclosed made payable to:  
Otsego Memorial Hospital Foundation

Credit Card

Credit Card Information

- Mastercard
- Discover
- Visa
- American Express

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

*Your gift touches real lives.*

I wish to direct my gift to:

- Greatest Need
- McReynolds Hall – Skilled Nursing Facility
- Oncology and Infusion Therapy Center



Please remove me from future solicitations.