

Ways of Giving Donation Form

Please send this form to:
Albert Einstein Healthcare Network
Development Department
Braemer Building
5501 Old York Road
Philadelphia, PA 19141
Or fax to 215-456-7165

Please print clearly

DONATION TYPE

- I would like to make a gift of \$ _____
- I have enclosed a check. (Please make check payable to **Albert Einstein Healthcare Network**)
- I would like to use my credit card
- I would like my gift to support:
 - Unrestricted Annual Fund
 - Direct Patient Care
 - Education
 - Research/Scientific Discovery
 - Community Programming
 - Endowment Fund

PERSONAL INFORMATION

Title (Please circle one) Mr. & Mrs. Miss Mr. Mrs. Ms. Dr. Other _____

First name Middle initial Last name

Street address Apartment or Suite Home or Business

City State Zip

Daytime phone Evening phone

Email address Personal or Business

CREDIT CARD INFORMATION

Credit Card: Visa MasterCard American Express
 Personal Business

Name as it appears on your credit card _____

Signature

Credit card number Expiration date Code

GIFT INFORMATION

- This gift is in memory of _____
- This gift is in honor of _____

HONOREE INFORMATION

Please notify _____

Street address Apartment or suite number

City State Zip

Relationship to Honoree: _____

Thank you!