

# Donation Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Please add me to your "Friends of BCH and JBR" email newsletter list

I/we would like to remain anonymous

I am making a one-time donation of \$ \_\_\_\_\_

I am making a recurring gift.

Please charge my credit card \$ \_\_\_\_\_/month for one year (12 months)

Payment method: \_\_\_Check \_\_\_Visa \_\_\_Mastercard

Cardholder Name (please print) \_\_\_\_\_

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

### Tribute Gift Information

In Memory of \_\_\_\_\_  In Honor of \_\_\_\_\_

Please notify the following person/family of this donation:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Comments:** \_\_\_\_\_

Thank you for your support for the Bertrand Chaffee Hospital Foundation and  
our work to **keep healthcare local!**

**Please print and mail to:**

**BCH Foundation, 224 East Main Street, Springville, NY 14141**