

Giving Form

\square Ms.	□ Mrs.	□ Mr.	□ Mr. and M	Mrs.	□ Dr.		
Name							
Address _			City		Stat	e	ZIP
Phone Nu	nber	Email					
□ Please ac	ld me to the B	CH E-News	letter list				
Please acc	ept my gift of:						
□ \$100	□ \$75	□ \$50	□ \$25	□ Otl	her (please specify)		
Please dire	ct my gift to:						
□ Where m	ost needed	□ Building Fund			□ Jennie B. Richmond Nursing Home		
□ Other (p	ease specify) _						
□ My gift i	s in honor of /	in memory	of				
Please notify:		Name					
		Address					
		City			State	ZI	P
Payment I	nformation						
□ Enclosed	is my check n	nade payabl	e to the Bertran	d Chaff	fee Hospital Founda	ation	
□ Please charge my:		VISA	Mastero	card	Discover		AMEX
Card Num	ber				Exp. Date _	(CVV
Signature							

Thank you for your support!

Please return your completed form to BCH Foundation, 224 East Main Street, Springville, NY 14141