

Children's Medical Fund of New York Tribute Request

Your generous donation In Memory or In Honor of your loved one(s) helps fund much needed programs such as The Child Life Program, Heroes with Heart Program and the CMF Center for Pediatric Diagnostic Studies at Steven & Alexandra Cohen Children's Medical Center. Your gift ensures the hospital's highly trained specialists will be available to help children now and in the future.

\$50 \$100 \$250 \$500 Other \$_____

Enclosed is my gift for \$_____

My gift is in Memory of: _____

My gift is in Honor of: _____

On the occasion of: _____

Please send notification to: _____

Street: _____

City: _____ State: _____ Zip: _____

Name of Contributor: _____

Street: _____

City: _____ State: _____ Zip: _____

For your convenience, you may charge contributions of \$25 and above to your MASTERCARD, VISA or AMEX.

Cardholder's Name: _____ MASTERCARD/ VISA/ AMEX (please circle one)

Card Number: _____ Expiration Date: _____ Sec. Code: _____

Signature: _____ Phone: (H) _____ (C) _____

Please make your tax deductible check payable to CMFNY. Thank you for your continued support. An acknowledgement card will be sent promptly to the person or family you designate. The amount of your gift will not be made known, unless you request otherwise. Pre-packaged sets of CMF Tribute Cards are available. Please call the CMF office at 516.624.1981 to order or request further information.

Children's Medical Fund of New York is a 501(c)(3) non-profit organization.