



NIAGARA LUTHERAN HEALTH FOUNDATION

Caring ~ Heart & Soul

SPECIAL GIFTS DONOR FORM

Please fill out completely:

I would like to donate/pledge \$_____ in support of the NIAGARA LUTHERAN HEALTH SYSTEM'S mission to provide for the physical, social, and spiritual needs of the individuals we serve, in a Christian environment.

Donor Name _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Please accept this gift In honor of: _____

In memory of: _____

If you wish the honoree or family to be notified of your gift, please provide their name and address below (*gift amount will not be mentioned*).

For recognition purposes, please list my/our name as follows: _____

Check here if you would like your gift to remain anonymous in our donor listings.

Pledge and payment instructions are below. All gifts and bequests are greatly appreciated and are tax deductible by law.

Select One:

A check payable to NIAGARA LUTHERAN HEALTH FOUNDATION is enclosed.

or:

Please charge my credit card: VISA MASTERCARD

Signature: _____ Card #: _____ Exp. Date: ___/___/___

or:

For gifts of \$250 and above, please bill me: Semi-annually or Quarterly

- This gift will be matched. My company's matching gift form is enclosed.
- Please indicate if you are a Thrivent Financial for Lutherans member or own a Thrivent product, so we can inform you of matching gift opportunities.
- I have included the NIAGARA LUTHERAN HEALTH FOUNDATION in my will.
- Please send information regarding including the NIAGARA LUTHERAN HEALTH FOUNDATION in my estate planning.

Please return this form to:

NIAGARA LUTHERAN HEALTH FOUNDATION
64 Hager Street
Buffalo, New York 14208-1399

If you have questions or would like assistance, please call the
NIAGARA LUTHERAN HEALTH FOUNDATION
(716) 886-4377

THANK YOU for your support of our mission and vision!