

Methodist Home *for* Nursing and Rehabilitation

Donation Form

Please choose one of the following:

- In honor of: _____ In appreciation of: _____
- In memory of: _____ Capital Campaign
- Resident Activities Employee Holiday Fund Other: _____

Please notify the following person that a special gift has been made:

Name: _____

Address: _____

Phone: _____ E-Mail: _____

Comments: _____

Methodist Home for Nursing & Rehabilitation would like to thank you for your generous donation. Without your kindness and support, we would not be able to offer many of the programs for those in need. Please be sure to complete the information below so that we may process your request quickly and efficiently. An acknowledge letter will be sent you, along with tax deduction information, indicating your pledged amount.

Donation Amount: _____

Check #: _____

Name: _____

Address: _____

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***Please make all checks payable to *Methodist Home for Nursing & Rehabilitation* and mail to:**

Methodist Home for Nursing and Rehabilitation
4499 Manhattan College Parkway
Riverdale, New York 10471

Thank you again for your generous donation.