

# Enclosed is my contribution in support of Westchester Medical Center Foundation.

Cash Contribution  \$50  \$100  \$250  \$500  \$1,000 Other \$\_\_\_\_\_

## Or make your pledge here.

Total Gift \$\_\_\_\_\_

Amount Enclosed \$\_\_\_\_\_

Balance \$\_\_\_\_\_

## You can increase your gift!

Pledging is an easy way to give more! Simply enter the amount enclosed, and the balance of your pledge in the boxes above.

The Development Office will send you reminders.

Monthly  Quarterly  Semi-Annually  Annually

## Please make your check payable to Westchester Medical Center Foundation.

*Donor Information:*

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Your gift will support programs and services at Westchester Medical Center and the Westchester Medical Center Foundation. For more information, please call 914-493-8029. It is certified that no goods or services were provided in return for this gift. Westchester Medical Center Foundation's Federal Tax Id# is 13-4095845 and is a not-for-profit charitable organization as described under section 501(c)(3) of the Internal Revenue Code.