



71 Prospect Avenue,  
Hudson, NY 12534

518.828.8239

**Yes!** I want to help Columbia Memorial Hospital save lives with a tax deductible gift of:

\$10,000  \$5,000  \$1,000  \$500  \$250  \$100  \$50  Other \$ \_\_\_\_\_

Enclosed is a check payable to Columbia-Greene Hospital Foundation.

Please charge my credit card  monthly  one time in the amount of \$ \_\_\_\_\_

Visa  MasterCard  Discover  American Express

\_\_\_\_\_  
Account number Exp. date

\_\_\_\_\_  
Signature

Enclosed is a matching gift form from my employer.

This gift is anonymous.

Gifts can also be made online at [www.supportcolumbiamemorial.com](http://www.supportcolumbiamemorial.com)

**Thank you for your caring support.**

<p>_____ Name (s)</p> <p>_____ E-mail <i>(Please help us save paper &amp; postage.)</i></p> <p>_____ Address</p> <p>_____ City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span></p> <p>_____ Phone</p> <p>We respect your privacy and will not share your contact information with any organization for any reason.</p> <p><input type="checkbox"/> I have made provisions for Columbia Memorial Hospital in my estate plans.</p> <p><input type="checkbox"/> Please send information on how to provide for Columbia Memorial Hospital in my estate plans and how to become a member of the Living Legacy Society.</p>	<p><b>Optional:</b></p> <p><input type="checkbox"/> My gift is in honor of the following Columbia Memorial Hospital doctor, nurse, department, staff member, or volunteer who made a difference in my care or the care of a loved one:</p> <p>_____ Name (s)</p> <p><input type="checkbox"/> My gift is a tribute in honor of in memory of:</p> <p>_____ Name (s)</p> <p><b>Please send acknowledgement of this gift to:</b></p> <p>_____ Name</p> <p>_____ Address</p> <p>_____ City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span></p>
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