



YALE-NEW HAVEN HOSPITAL HOLIDAY CONTRIBUTION FORM



I / we would like to support Yale-New Haven Hospital with a gift of:

- \$25
 \$50
 \$100
 \$250
 \$500
 Other: \$_____

 Title First Name M.I. Last Name Suffix

 Organization Name Position

 Address

 City/State/Zip

 Phone Email

- I wish to remain anonymous
 Please send me more information on making a planned gift or bequest to Yale-New Haven Hospital

All gifts are tax deductible to the extent provided by law.

This gift is given:

- In honor of: _____
 In memory of: _____

Please send notification of this gift to:

 Name

 Address

 City State Zip

Method of payment:

- Enclosed find my check made payable to:
 Yale-New Haven Hospital

Please Charge my gift for the amount indicated to:

- Visa Mastercard Discover
 American Express

 Account Number Sign. Panel No.

 Name on Card Exp. Date

 Signature



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[®]The Signature Panel Number for VISA, MasterCard and Discover credit cards is found on the signature side of the card inside the signature block where the card owner signed his/her name. The last 3 numbers constitute the SPN



[®]The Value Verification Number for American Express charge cards is found above the account number on the right side of the card face and is 4 digits in length.