



GIFT FORM



Mr./Ms./Mrs./Miss Name(s): _____

Phone(s): _____ Email: _____

Address: _____

I am pleased to support the mission and future of WCA Hospital!

Enclosed is a tax-deductible gift of \$_____. Please make check/money order payable to: *WCA Hospital* or *WCA Foundation*.

My gift is intended for: ___ WCA Hospital (current need) ___ WCA Foundation (current need or endowment)

___ I would like to leave my gift Undesignated to best meet the current and future needs of WCA Hospital.

___ I would like to designate by gift for the following purpose, fund, or campaign: _____

Please bill my credit card in the amount of \$_____. Credit cards gifts can also be taken over the phone by calling (716) 664-8423.

MasterCard/Visa/Discover Card Holder: _____ Card #: _____ Exp. Date: _____ Sec. Code: _____

Signature: _____ Date: _____

These gifts are tax-deductible, subject to IRS guidelines. You will receive a formal gift receipt.

Please return completed Gift Form to:

**WCA Office of Development
PO Box 840, 207 Foote Avenue
Jamestown, NY 14702-0840
(716) 664-8423
development@wcahospital.org**

TRIBUTE GIFT

In Memory of _____ In Honor of _____

Please send gift acknowledgement to: Name(s) _____

Address _____