

## Gift Form

My tax deductible gift in the amount of \$ \_\_\_\_\_ is enclosed to support the following:

- Unrestricted—to use where the need is greatest  
 Restricted for \_\_\_\_\_

Please make your check payable to the **Rome Memorial Hospital Foundation** or, if you prefer, charge your gift to:

- Visa  MasterCard  Amex  Discover

A minimum of \$25 is required when you use a credit card

Name on card: \_\_\_\_\_

Account #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send receipt and acknowledgement to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- I would prefer that my gift remain anonymous  
 Please send me information on leaving a legacy  
 Enclosed is a matching gift form from my employer  
 Please do not send me any additional fundraising materials

**ROME**  
MEMORIAL HOSPITAL  
*Foundation*

**R**ome Memorial Hospital Foundation is a cornerstone of support for the not-for-profit hospital seeking gifts, grants and bequests from individuals, corporations, government and other foundations. The Foundation funds hospital goals such as:

- The delivery and continuous improvement of high-quality patient care.
- The introduction of new technologies, treatments and preventive programs.
- The recruitment of well qualified physicians, professional nursing and technical staff, support staff and volunteers.
- The promotion of health and wellness activities.

### Rome Memorial Hospital Foundation

1617 North James St., Suite 950  
Rome, NY 13440

Phone: 315-337-5162  
Fax: 315-339-2917  
E-mail: [kflanders@romehospital.org](mailto:kflanders@romehospital.org)

## Rome Memorial Hospital Foundation



**A commemorative gift opportunity for patients, families, employees and friends to celebrate achievements or remember loved ones in a special way.**

GIFTS TO SHOW YOU CARE

Recognize

Someone who makes a difference in your life

Welcome

A new baby, neighbor, or colleague

Celebrate

A birthday, anniversary, or a special occasion

Honor

The memory of someone who has passed away

# Your thoughtfulness nurtures and sustains excellence at Rome Memorial Hospital

Special occasions are perfect times to show that you care. They call for a truly extraordinary gift.

Through the Rome Memorial Hospital Foundation Special Gift Program, you can express thanks and gratitude to a relative, friend neighbor, colleague, doctor, or nurse. Your gift may pay tribute, offer condolences or preserve the memory of treasured family members and friends.

By including a special message, you may create a unique expression of caring and love as you commemorate life's milestones.

A card will be promptly sent to those you wish to honor, or, in the case of memorial gifts, to the bereaved family, specifying the occasion for your gift; the name of the honoree; your name and message. The gift amount will not appear on your card.

You will receive separate acknowledgement for your thoughtful gift when the card has been sent.



## How to make a special gift

Please fill out the information below and the gift form on the back panel and return with your contribution to the RMH Foundation, 1617 N. James St., Suite 950, Rome, NY 13440. For additional information concerning the Special Gift program, or to learn more about unique donor recognition opportunities, please call us at 337-5309. You may also fax us at 339-2917 or email [kflanders@romehospital.org](mailto:kflanders@romehospital.org).

### A Commemorative Gift...

This gift is made  In memory of  
 In honor of

Honoree's Name \_\_\_\_\_

Occasion \_\_\_\_\_

### Your Special Message

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send card to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_