



## DONATION FORM

Yes! I would like to make a gift to The Jay Monahan Center for Gastrointestinal Health.

**My contact information:**

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

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

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

Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

**Please allocate my gift to:**

- The Jay Monahan Center for Gastrointestinal Health: Area of most need.
- The Jay Monahan Center for Gastrointestinal Health: Other \_\_\_\_\_

**Enclosed is a cash contribution, check, or money order in the amount of:**

- \$50                       \$500                       \$5000
- \$100                       \$1000                       Other \$ \_\_\_\_\_

**To donate by credit card:**

- American Express                       Master Card                       VISA                      Amount \$ \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiration \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

Name of donor (if different from card holder): \_\_\_\_\_

**To donate by check:**

Please make check payable to NewYork-Presbyterian Hospital.

**This gift is:**

- In memory of : \_\_\_\_\_
- In honor of : \_\_\_\_\_

**Please notify the following of my gift:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**Please mail this form and your donation to:**

Tamar Wallace, Jay Monahan Center, NewYork-Presbyterian Hospital  
1315 York Avenue, Floor 1, New York, NY 10021