

# Methodist Home *for* Nursing and Rehabilitation

## Donation Form

Please choose one of the following:

- In honor of: \_\_\_\_\_  In appreciation of: \_\_\_\_\_
- In memory of: \_\_\_\_\_  Capital Campaign
- Resident Activities  Employee Holiday Fund  Other: \_\_\_\_\_

Please notify the following person that a special gift has been made:

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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Methodist Home for Nursing & Rehabilitation would like to thank you for your generous donation. Without your kindness and support, we would not be able to offer many of the programs for those in need. Please be sure to complete the information below so that we may process your request quickly and efficiently. An acknowledge letter will be sent you, along with tax deduction information, indicating your pledged amount.

Donation Amount: \_\_\_\_\_

Check #: \_\_\_\_\_

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**\*Please make all checks payable to *Methodist Home for Nursing & Rehabilitation* and mail to:**

Methodist Home for Nursing and Rehabilitation  
4499 Manhattan College Parkway  
Riverdale, New York 10471

**Thank you again for your generous donation.**