



DONATION FORM

DONATION INFORMATION

\$5,000 \$2,500 \$1,000 \$500 \$250 \$100 \$75 \$50 \$25

I prefer to give \$ _____

Please direct my gift to:

I prefer to direct my donation to: _____
(your program of choice)

This gift is in Memory / in Honor / in Celebration of: _____
(please circle one)

Name and address of bereaved family / person being honored or celebrated: _____

Mr. Mrs. Ms. Miss

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Telephone: _____ Fax: _____ Email: _____

My check/money order is enclosed, made payable to the JTM Foundation.

I prefer to use my: Visa MasterCard Amex Discover

Cardholder’s Name: _____

Card Number: _____

Exp. Date: _____ Cardholder’s Signature: _____

Please fax this form to the JTM Foundation at (631) 476-2792, or mail this form with a check to:
The JTM Foundation, 75 North Country Rd., Port Jefferson, NY 11777

For more information, please call (631) 476-2723 or e-mail publicaffairs@matherhospital.org