A Gift in Remembrance

ALBANY MÉDICAL CENTER FOUNDATION

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Albany, NY

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Hope: A Gift of
Hope in Remembrance

It is an honor to have
our dreams come true.

Your stamp on
this envelope
is an additional
contribution to our
work.

More and more, our
enduring relationships
and memories of
loved ones are
chosen to express the
affection and emotions
of our family and friends.

Adding a charitable
tribute in remembrance of
a loved one can have
special meaning to both
the family and the donor.

This lasting gift
will also serve to support
Albany Medical
Center in its mission to achieve excellence in
patient care, education and research – making a
tangible difference in the health of our community.

Our families benefit
more than we ever
realized.

LOVE
REMEMBRANCE

A Gift of
Hope
When You’d Like to Express More than Sympathy

Using the attached form, you may restrict your gift to a certain department or division, or you may prefer your gift to support one of our three missions. You may also choose to leave your gift unrestricted, thereby allowing Albany Medical Center to use the funds where they are most needed. Regardless of where you place your gift, be assured that it will make an immediate difference in the important work we do. In addition, it is our commitment that every dollar of your contribution will be used specifically by the department or program you choose to support.

A card announcing your gift will be mailed to the family of the deceased—no mention will be made of the gift’s value. For tax purposes, you will receive an acknowledgement for your gift as well. Your gift will be recognized in Albany Medical Center’s Annual Report of Gifts.

I would like my contribution to benefit Albany Medical Center in the area of:

- [ ] Unrestricted
- [ ] Patient Care
- [ ] Research
- [ ] Education
- [ ] Other (list department or program)

Enclosed is a gift of:

- [ ] $25
- [ ] $50
- [ ] $100
- [ ] $250
- [ ] $500
- [ ] Other _______

- [ ] Enclosed is a check payable to: Albany Medical Center Foundation.

Please charge my credit card in the amount of:

$ ____________

- [ ] VISA
- [ ] MC
- [ ] AMEX

Exp. Date ____________

Card number ____________________

Authorized Signature ____________________

Please complete this form, detach from brochure, fold and insert in envelope.