



St. Peter's
ALS Regional Center

A Member of St. Peter's Health Care Services

19 Warehouse Row
Albany, NY 12205
(518) 525-1629

Contribution Form

Name of Contributor: _____

Address: _____

I/we would like to make a gift of \$ _____ in support of *St. Peter's ALS Regional Center* in the following manner:

Check Enclosed MC/VISA/American Express

Card Number: _____ Exp. Date: _____

Do you or your spouse work for a "matching gift company" Yes No

If yes, please tell us the company's name: _____

Please designate my gift:

Where most needed Memorial Gift honoring a loved one Living tribute celebrating a joyous occasion

Name of Person to be honored: _____

Your thoughtful remembrance will be acknowledged...a special card will be sent to the family you designate. The amount of your gift **will not** be disclosed.

Please send card to: _____

Address: _____

— Thank you for your thoughtful contribution. —