



# 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. —