



Continuum Health Partners, Inc.

I am / We are pleased to support:

_____ Beth Israel Medical Center _____ St. Luke's and Roosevelt Hospitals
 _____ Long Island College Hospital _____ New York Eye and Ear Infirmary

Enclosed is a gift of:

\$10,000___ \$5,000 ___ \$2,500 ___ \$1,000 ___ \$500 ___ \$100___ Other: \$_____

or

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Please designate my gift to the following department, division, program or specialty:

My/Our gift is:

In honor/memory (circle one) of _____

Please notify:

Please fill in the section below if you would like us to notify family members or those honored by your thoughtfulness. The amount of your gift will be confidential.

Name: _____

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City: _____ State: _____ Zip: _____

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Please make checks payable to the hospital of your choice and send it, along with this form, to:

Continuum Health Partners, Inc.
 Development Department
 555 W. 57th Street, 18th Floor
 New York, NY 10019

Thank you for your support!