

# Gift Agreement

**Please mail this form to: Evergreen Health Foundation, PO Box 1106, Buffalo, NY 14201 or foundation@evergreenhs.org (credit card payments only)**

**Please accept my gift of \$:** \_\_\_\_\_

## Personal Information

\_\_\_\_\_  
First Name\* Middle Name Last Name\*

\_\_\_\_\_  
Email\* Telephone (XXX-XXX-XXXX)\*

\_\_\_\_\_  
Street 1\* Street 2

\_\_\_\_\_  
City\* State\* Zip or Postal Code Country (if other than US)

I am giving jointly with \_\_\_\_\_

## Payment Method

My one-time gift is enclosed (payable to Evergreen Health Foundation)  Charge my entire gift to my credit card

\_\_\_\_\_  
Name (as it appears on your credit card)\*

\_\_\_\_\_  
Credit Card Number\* Month/Year Expiration Date\* Security Code (3 or 4-digit code)\*

\_\_\_\_\_  
Signature\*

- My gift is in honor of:  I would like acknowledgement of this gift sent to the address above
- My gift is in memory of:  I would not like gift acknowledgement sent

\_\_\_\_\_  
First Name\* Middle Name Last Name\*

\_\_\_\_\_  
Street 1\* Street 2

\_\_\_\_\_  
City\* State\* Zip or Postal Code

\*Required