

# Finger Lakes Health Foundation

## *Pledge Card*



Finger Lakes Health Foundation

I/We offer support for the Annual Campaign:

\$ \_\_\_\_\_ Gift  Check Enclosed  Bill my card, see reverse.

\$ \_\_\_\_\_ Pledge, Payable before December 31.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Optional:** In Memory Of: \_\_\_\_\_

Please send acknowledgement to: \_\_\_\_\_

Address: \_\_\_\_\_

Please indicate how you would like to be listed in our annual report:

\_\_\_\_\_

Please designate how you wish your gift to be used

\_\_\_\_\_ The Finger Lakes Health Fund  
(for use across the health system)

\_\_\_\_\_ Geneva General Hospital  
Department \_\_\_\_\_  
(optional)

\_\_\_\_\_ Soldiers & Sailors Memorial Hospital  
Department \_\_\_\_\_  
(optional)

\_\_\_\_\_ Huntington Living Center

*Please make checks payable to:  
Finger Lakes Health Foundation*

## Payment Options

*Please make checks payable to:  
Finger Lakes Health Foundation*

Please bill my credit card (circle one):

Visa Mastercard Discover AmEx

Credit Card Account #:

\_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Please print your name as it appears on the card:

\_\_\_\_\_



Finger Lakes Health Foundation

- Please contact me regarding making gifts of stock.
- Please contact me about including Finger Lakes Health in my estate plans.
- I would like information on Honor/Memorial gift opportunities.

***Please send your pledge card and payment to:***

Finger Lakes Health Foundation  
196 North Street  
Geneva, New York 14456

***If you have any questions, please contact  
the Foundation office at (315) 787-4050 or (315) 531-2050.***