



GOOD SAMARITAN HOSPITAL
Bon Secours Charity Health System

To be completed by donor.

How should donor be listed:

Business Name:

Contact Name:

Address:

City:

State:

Zip:

Phone:

Item/Service to be donated:

Value: \$

Brief description for write up; include design, brand, special features, etc. Please be specific.

If antique or collector's, please qualify:

Restrictions:

Time to be used:

Other Notes:

Authorized Signature:

Date:

- Sent to Foundation Office with this form
- Gift Certificate Attached
- GSH Foundation to prepare certificate
- GSH Foundation to arrange for pick-up

Donation secured by:

Thank you for your support!

GOOD SAMARITAN HOSPITAL FOUNDATION

255 Lafayette Avenue ♦ Suffern, NY 10901

www.GoodSamHosp.org/donate

Phone: 845/368-5151 ♦ Fax: 845/368-5596

E-Mail: Foundation@tshs.org