

# Morgan Stanley Children's Hospital



## Donor Information

Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_

I/We wish to support the Morgan Stanley Children's Hospital building campaign with a total gift of: \$\_\_\_\_\_.

## Method and Schedule of Payment

- I would like to pay by check. I will make it payable to  
**NewYork-Presbyterian Hospital - Children's Hospital Building Fund.**  
\_\_\_\_\_ I will make one gift payment on \_\_\_\_\_ .  
\_\_\_\_\_ I will make multiple payments until my/our gift is paid in full.  
I will make \_\_\_\_\_ Annual (1) payments over a period of \_\_\_\_\_ 1 year(s).  
\_\_\_\_\_ Quarterly (4) \_\_\_\_\_ 2  
\_\_\_\_\_ Monthly (12) \_\_\_\_\_ 3  
\_\_\_\_\_ 4  
\_\_\_\_\_ 5

- I would like to pay by credit card.  
Card Type \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Card number \_\_\_\_\_  
Name as it appears on card \_\_\_\_\_
- \_\_\_\_\_ I will make one gift payment on \_\_\_\_\_ .  
\_\_\_\_\_ I will make multiple payments until my/our gift is paid in full.  
I will make \_\_\_\_\_ Annual (1) payments over a period of \_\_\_\_\_ 1 year(s).  
\_\_\_\_\_ Quarterly (4) \_\_\_\_\_ 2  
\_\_\_\_\_ Monthly (12) \_\_\_\_\_ 3  
\_\_\_\_\_ 4  
\_\_\_\_\_ 5

## Signature

Payment made in satisfaction of your commitment may come from you personally or from other sources designated explicitly on your behalf. You and NewYork-Presbyterian Hospital may mutually agree to modify this agreement in writing at any time. If this represents your full understanding of your gift, please sign and date below. We will mail you a detailed confirmation letter for your records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail:** Children's Hospital Building Fund  
Campaign Director  
654 West 170th Street  
New York, NY 10032

or **Fax:** 212-342-0788