

Yes!

I will support
Montefiore with my
gift of \$ _____ to:

- Annual Campaign
 Unrestricted
 Specific Fund*

* Fund Name

Enclosed is my check payable to: **The Montefiore Foundation**

Please charge my MasterCard Visa

Card Number _____

Exp. Date _____

Name _____
(as you wish it to appear in publications and acknowledgments)

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Evening Phone _____

Email _____

Please print all information clearly

Gift Information

In memory of _____

In honor of _____

Please send an acknowledgement to: _____

Address _____ City _____ State _____ Zip _____

- I intend to provide for Montefiore in my will.
 I have included Montefiore in my estate planning.
 I would like information about charitable gift annuities or other planned gifts.
 My company has a matching gift program and I have enclosed the completed form.

**For more information or to contribute
by phone, call 216.910.2634.**

Your gift to **The Montefiore Foundation**
is deeply appreciated.

Gift Information



THE MONTEFIORE FOUNDATION
1 DAVID MYERS PARKWAY
BEACHWOOD OH 44122-8111



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Required
Post Office will
not deliver
without proper
postage.



THE MONTEFIORE FOUNDATION

- Long-term Care • Post-hospital and Outpatient Rehab
- Home Health Care • Dementia Care • Wellness • NCJW/Montefiore Hospice
- The Weils, a Senior Living Community

montefiorecare.org