

Enclosed is my gift of \$ _____

*Please make checks payable to: St.
Lawrence Health Foundation.*

Please designate my gift for:

- Canton-Potsdam Hospital
 Gouverneur Hospital
 Other _____

*Gifts to these funds support top priorities at Canton-Potsdam Hospital and Gouverneur Hospital.

Contribution made by: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

Check here if you wish to remain anonymous.

My gift is: in memory / honor of (circle one)

Name: _____

Please notify the following individuals(s) of my gift:*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

*The amount of your gift will not be disclosed.

To make a gift with your credit card, please use our secure online giving form at
www.stlawrencehealthsystem.org/give, or call 315 261-5410 to donate over the phone.

Join our Heartbeat Society by choosing the 'Recurring donation' option when making your gift online
(www.stlawrencehealthsystem.org/give). This will allow you to break your donation up into automatic
monthly payments to support the work we do all year long.

If you have questions about your contribution, or if you no longer wish to receive fundraising requests
from the St. Lawrence Health Foundation, please call 315 261-5410.