

## Giving the Gift of Quality Care

Alice Hyde Medical Center would not exist without the generous investment of people who believe that quality local health care is critical to our community. Through donations of time and funds, our community members have helped to shape and grow our Medical Center into a true community asset. As we continue to invest in our workforce, state-of-the-art technology, and services, we look to our community to carry on the legacy of caring that built this institution.

Your investment in Alice Hyde Medical Center ensures your continued access to high quality, local medical care. Your gifts are a crucial element in ensuring a strong present and future for our community's health and wellness.

Your gift to Alice Hyde Medical Center is tax deductible!

Mail this completed form to:

Alice Hyde Medical Center, Office of Philanthropy,  
133 Park Street, Malone, New York 12953  
or Fax to: 518-481-2662

If you have any questions, please call the Office of Philanthropy at Alice Hyde Medical Center, 518-481-2794.

**Thank You! Together, we ensure quality care for our family, friends and community!**

Yes, I'm happy to make a gift of:

\$1,000  \$500  \$250  \$100  \$50  \$25

Other: \_\_\_\_\_

Name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Enclosed Check (Please make payable to AHMC)

Please charge my:  Master Card  Visa

Card #: \_\_\_\_\_

Expires: \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_

(as it appears on card)

I would like to be a sustaining supporter of AHMC. Please bill my credit card \$\_\_\_\_\_ monthly. I understand this will continue until I call AHMC and ask you to stop my gifts.

I wish for my gift to be made

In Memory of  In Honor of

Name: \_\_\_\_\_

I have included Alice Hyde Medical Center in my will or estate plan.

