



MOUNT SINAI
SCHOOL OF
MEDICINE

To make a gift to the Children's Heart Fund, please print this form, fill it out, and mail it with your check to the address listed below.

The Children's Heart Fund at Mount Sinai
One Gustave L. Levy Place, Box 1049
New York, NY 10029

___ Mr. ___ Ms. ___ Mrs. ___ Dr.

First Name: _____

Last Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip: _____

Daytime Phone: _____

Evening Phone: _____

E-mail Address: _____

Designation of Gift

Unrestricted gifts to the Children's Heart Fund give the Board the ability to direct the use of the funds.

___ Check here if your donation is an unrestricted gift to the Children's Heart Fund.

___ Check here if you want to designate your gift.

Please specify designation: _____



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Memorial or Tribute Gift

I would like to make this gift: _____ In honor of: _____ In memory of:

Name: _____

Occasion: _____

Please send an acknowledgement to (person or family):

Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip: _____