

2009



The Auxiliary Board
of St. Vincent's Hospital Westchester
PATRONS AND BENEFACTORS

Your donation will support the growth and development of St. Vincent's Hospital Westchester Behavioral Health Centers of Excellence in Ambulatory Care. As a Patron and Benefactor, your gift will be gratefully acknowledged, and your name will appear on the Patrons and Benefactors Honor Roll printed in all Auxiliary Board journals and invitations. Gifts of \$250 or more will also be recognized in the SVCMC Foundation Annual Report.

Please print your name(s) as you wish to be listed on invitations.

MRS. R. H. ABPLANALP
Name(s)

10 HEWITT AVENUE
Address

BRONXVILLE - N.Y. - 10708-232
City, State, Zip

914-961-9214
Phone

ROBERT ABPLANALP
E-mail
In Honor/Memory of

I would like to support the Auxiliary Board of St. Vincent's Hospital Westchester
PATRONS AND BENEFACTORS at the following level:

- Grand Benefactor \$1,000
- Benefactor \$500
- Patron \$250
- Sponsor \$100
- Donor _____

Please charge my credit card (check one):

- Visa
- MasterCard
- American Express

Account # _____ Exp. Date _____

Name that appears on card _____

Signature _____

Please make check payable to: **St. Vincent's Hospital Westchester.**

Donate online at www.svcmc.org/westchester.

- My company matches gifts:** Enclosed is the matching gift form
- Planned Giving:** Please send me information about remembering St. Vincent's Hospital Westchester in my estate plan and The Governor Alfred E. Smith Legacy Society

If you would like to make a gift of securities, please contact the Development Office at 914-925-5411. All gifts to St. Vincent's Hospital Westchester are fully tax deductible as allowed by law.

St. Vincent's Hospital Westchester
275 North Street, E.

2008



**The Auxiliary Board
of St. Vincent's Hospital Westchester
PATRONS AND BENEFACTORS**

Enclosed is my contribution to support the St. Vincent's Hospital Westchester Behavioral Health Centers of Excellence - Community Ambulatory Care Center, for children and families, mature adults, the developmentally disabled and chemically dependent populations in need of our care.

Benefactor \$200 + Patron \$150 + Sponsor \$75 + Donor \$ _____

Please print your name as you wish to be listed on invitations:

Name (s): Mr & Mrs John Paul Lepore

Address _____

City _____

Email _____ State _____ Zip _____

Phone _____

Please charge my credit card (check one): Visa MC Amex

Name on card _____ Account No. _____

Signature _____ Expiration Date _____

Please make check payable to St. Vincent's Hospital Westchester.

Donate online at: www.svcmc.org/westchester

Thank you!

St. Vincent's Hospital Westchester 275 North Street Harrison, NY 10528 914-925-5411 www.svcmc.org/westchester

St. Vincent's Hospital Westchester Auxiliary Board of Patrons and Benefactors

TO: [Handwritten] DATE: [Handwritten]