



DONATION MAIL-IN FORM

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Yes, I want to receive email updates from The Floating Hospital!

Payment information:

Donation amount \$ _____

My check or money order is enclosed and made out to: **The Floating Hospital Foundation, Inc.**
Please do not mail cash contributions.

Your Signature: _____

Kindly mail this form in with your check or money order to:

Attn: Samantha Lamont
The Floating Hospital Foundation
Grand Central Station, P.O. Box 3391
New York, NY 10163-3391

Questions? Please contact us at sstanarevic@thefloatinghospital.org or 718-784-2240, ext. 209.

THANK YOU!

Note for your records that The Floating Hospital Foundation is a 501 c 3 nonprofit organization. Your gift is tax deductible to the fullest extent allowable by law. No goods or services were exchanged for this support.