Maimonides Medical Center

5402 Forth Hamilton Parkway, 4th Floor
Brooklyn, NY 11219

Tel.: (718) 283-3600

www.maimo.org
` development@maimo.org

Grateful Patient Donation form

Date: _____

Donor's Name: _____

Donor's address: _____

City, State, Zip Code: _____

Email address: _____

Phone number: _____

Gift for Department: _____

In honor of (Dr's or nurse's name): _____

Amount: _____

Card#: _____ Exp. Date: _____ CVV: _____

Name as it appears on the card:

_____

Signature:

_____

Please mail payment to:

Maimonides Medical Center
Development Department
5402 Forth Hamilton Parkway, 4th Floor
Brooklyn, NY 11219

If you have any questions, please contact Maria Bautista at (718) 283-3600