



# Sunnyview

Rehabilitation Hospital Foundation

Name: \_\_\_\_\_  
*(as you would like to be recognized)*

My gift is anonymous. Do not list my name in any publications.

Address: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (Work): \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

**GIFT AMOUNT: \$** \_\_\_\_\_ **PLEDGE AMOUNT: \$** \_\_\_\_\_ (Due 12/31)

*(pledge reminders will be sent quarterly)*

Enclosed is a check made payable to **Sunnyview Rehabilitation Hospital Foundation**

Please charge the gift amount above to my credit card.

Card Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_

***Please Recognize My Gift:***

In Celebration of \_\_\_\_\_

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

***Notification of this gift should be sent to:***

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

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

City, State, Zip: \_\_\_\_\_

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

**Matching Gifts ~ Legacy Gifts**

This gift is eligible for an employer-sponsored match! Company: \_\_\_\_\_

My gift is eligible to be matched by the GE Foundation. I have called 1-800-305-0669 (zip code 12308-2198 for eligibility)

I have included the Sunnyview Rehabilitation Hospital Foundation in my will.

I am interested in making a Legacy Gift to Sunnyview. Please contact me for more information about planned and estate giving.

1270 Belmont Avenue • Schenectady, NY 12308-2198

Phone: (518) 382-4586 • Fax: (518) 382-4570

www.SunnyviewFoundation.org • E-mail: SunnyviewFoundation@nehealth.com