



Please print all information.

\_\_\_\_\_ My gift is in Honor of \_\_\_\_\_

\_\_\_\_\_ My gift is in Memory of \_\_\_\_\_

\_\_\_\_\_ My gift is for program operations

\_\_\_\_\_ My gift is to be included in the permanent Endowment Fund

\_\_\_\_\_ I would like my gift to go to \_\_\_\_\_

Amount \$ \_\_\_\_\_

On the occasion of \_\_\_\_\_

Please notify \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

From \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please make checks payable to Rochester Hearing and Speech Center at—

Attn: President's Office  
1000 Elmwood Avenue  
Suite 400  
Rochester, NY 14620

If you would prefer to use your Visa or MasterCard please provide the following information.

Card type:  Visa  MasterCard

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

Expiration Date: \_\_\_\_\_ Signature of Card Holder \_\_\_\_\_

Help us ensure future accessible services, please remember us in your will.  
For information regarding endowment funds and planned giving, please call  
(585) 271-0680 ext. 286.  
Thank you for your support.