



American Friends of Laniado Hospital Donation Form

Donation Amount: \$ _____

Payment Method: Check Cash Credit Card Other: _____

Please repeat this donation monthly to constantly help the girls in Israel.

Credit Card #: _____

Exp. Date: _____/_____/_____

Signature: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Please mail me a tax receipt.

Please send tribute card:

Memorial

Honor

In honor of: _____

Message:

Include gift amount on card

➤ Please send your form to:

Mail: American Friends of Laniado Hospital

261 West 35th Street, Suite 803

New York, NY 10001

Fax: 212.944.7512