



Investing in Your Healthcare

Here are some ways you can give to the Nathan Littauer Foundation to assure the future of Nathan Littauer Hospital and Nursing Home for this generation and generations to come—

- **An outright gift or pledge of cash or appreciated securities**
- **A planned gift through a will or gifts assigned through real estate**
- **Life insurance or life income gifts**

If you would like to make a contribution or pledge to the Nathan Littauer Foundation, please fill out the form below and mail it to:

Nathan Littauer Foundation, 99 East State Street, Gloversville, New York 12078



Yes, I (we) wish to assist the work of the Nathan Littauer Foundation. Please accept my (our) gift of:

- | | | |
|--------------------------------|----------------------------------|-----------------------------------------|
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$250 | <input type="checkbox"/> Other \$ _____ |
| <input type="checkbox"/> \$50 | <input type="checkbox"/> \$500 | |
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$1,000 | |

- I (we) wish to discuss a gift other than cash.**
- I have remembered the Nathan Littauer Foundation in my will.**

I (we) are enclosing a tax-deductible gift of \$ _____ made payable to **Nathan Littauer Foundation**.

I (we) wish to receive payment reminders for the balance monthly quarterly

Please charge: MasterCard Visa Discover American Express

Account Number _____ Exp. Date: _____

Signature: _____

Name: _____

Address: _____

Phone: _____

E-Mail Address (Optional): _____

Please print your name as you wish to be recognized: _____

This gift is being made to honor: _____

(Please print full name of person being honored or remembered)

on the occasion of: _____

(birth, birthday, holiday, wedding, anniversary, graduation, speedy recovery, in memory of, etc.)

Acknowledgement of this gift (no monetary amount mentioned) should be sent to:

Name: _____

Address: _____