

A gift of compassionate care to help terminally ill cancer patients.

Yes, I strongly support Calvary's mission of mercy and want to do what I can to enable more men and women with terminal cancer to live their final days in dignity and peace. Enclosed is my tax-deductible gift in the amount of:

☐ \$25 ☐ \$30* ☐ \$50 ☐ \$100 ☐ \$250 ☐ Other \$ _____

*A gift of this amount or more will help us say yes,
when insurance companies say no!

Mail to:
Calvary Hospital
1740 Eastchester Road
Bronx, NY 10461

Calvary Hospital, 1740 Eastchester Road, Bronx, NY 10461 • 718.518.2077 • www.calvaryhospital.org

To receive the latest program news from Calvary Hospital, please give us your email address:

Make your check payable to Calvary Fund, Inc.

To use your credit card or to make a tribute gift, please see below. Thank you!

You may also donate online at
www.calvaryhospital.org



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☐ Visa ☐ AMEX ☐ MasterCard ☐ Discover

CARD NUMBER _____

EXPIRATION DATE _____

CVV NUMBER _____

GIFT AMOUNT _____

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SIGNATURE _____

TO REMEMBER OR HONOR

PLEASE MAKE MY GIFT IN MEMORY OF: _____

or

PLEASE MAKE MY GIFT IN HONOR OF: _____

☐ Check here if you would like us to notify someone of this gift. Include their full name and mailing address below (please print clearly).

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ADDRESS _____

CITY _____

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☐ My employer will match this gift. Company name: _____

A copy of our latest annual report is available from this office, or from the Office of the Attorney General, Department of Law, Charities Bureau, 120 Broadway, New York, NY 10271.