

YES, I want to be a partner in excellence!

I would like to support Hospital for Special Surgery by making a gift in the amount of \$ _____

Designation: General Fund Other: _____

Donor Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Telephone: _____ Email: _____

I wish to make an anonymous gift.

Check enclosed, payable to: Hospital for Special Surgery

Please charge my: American Express MasterCard Visa

Card number: _____ Expiration date: _____

Cardholder Signature: _____

I/We pledge to HSS a total of \$ _____ to be paid in installments of \$ _____

I will also arrange for a matching gift from my employer. Please find my company's matching gift form enclosed.

I would like to honor Dr. _____

Personal Message: _____

Please send this form with your gift to:

Hospital for Special Surgery

Development Department

535 East 70th Street

New York, NY 10021

Please call Rebekah Grote at (212) 774-7248 if you wish to contribute securities, or if you have any questions.

HOSPITAL
FOR
**SPECIAL
SURGERY**



**Save your stamp! Make a gift
online at www.hss.edu/giving**

Thank you for your support!
Gifts to Hospital for Special Surgery are tax deductible as allowed
by law. All gifts and pledges will be acknowledged in writing.

Hospital for Special Surgery respects patient privacy. If you wish
to have your name removed from lists to receive publications
or fundraising requests to support HSS, please write to
us at the above-listed address or check here