

Donation Form

Donor Name(s) as you wish it to appear in the Benefactors' section of the HSS Annual Report:

Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Email _____

Signature _____

I/We give to HSS a total of \$ _____

I/We give to HSS a total of \$ _____ designated for _____

It will be paid in installments of \$ _____ per year for a period of _____ year(s), beginning _____

I wish this gift to be:

In honor of: In memory of:

Gifts should be made payable to Hospital for Special Surgery. Please send this form with your gift to:

HSS Foundation Inc.
P.O. Box 30610
New York, NY 10087

If you choose to make a contribution by credit card, please include the following:

Card type: Visa MasterCard American Express

Name as it appears on card _____

Card number _____ Expiration date _____

Signature _____

Please contact the Development Department at 212.774.7248 if you wish to contribute securities, or if you have any questions.

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

Thank you for your generous support of HSS.