



HAILEY'S HOPE FOUNDATION
SUPPORTING FAMILIES IN THE NICU

DONATION FORM

On behalf of everyone at Hailey's Hope Foundation, thank you for donating. Your support will help us fulfill the needs of families with premature and critically ill babies hospitalized in Neonatal Intensive Care Units (NICUs) in the New York area. Please complete the information below and mail this form with your donation to *Hailey's Hope Foundation, Attn: Donations, P.O. Box 32, Goshen, New York 10924*. As a 501(c)(3) non-profit organization, donations to Hailey's Hope Foundation are tax-deductible to the fullest extent allowed by law (Tax ID Number 26-1387176). We greatly appreciate your generosity and commitment to helping improve the lives of NICU families.

A. DONOR INFORMATION

Company/Individual Donor Name _____ Donation Date _____

Person to be acknowledged _____ Title (if applicable) _____

Street Address/City/State/Zip Code _____

Telephone Number _____ Email Address _____

B. MONETARY DONATION INFORMATION

By Check: enclosed is my check made payable to *Hailey's Hope Foundation* for \$ _____.

By Credit Card (check one): MasterCard Visa American Express

Type of Card (check one): Personal Corporate

Name as it appears on card _____

Credit Card Number _____

Expiration Date _____ 3 or 4 Digit Security Code _____

Address (if different from above) _____

Total Charge Authorized \$ _____

Authorized Signature _____

C. PRODUCT DONATION INFORMATION

Description of Donation _____

Retail Value of Donation \$ _____

Conditions, Restrictions, Expiration (if any) _____

OPTIONAL:

This donation is in tribute to (name) _____

Tribute Type: Memorial In Celebration of In Honor of Other _____

How did you hear about Hailey's Hope Foundation: _____