



Please return this form with your payment to:
 Development Department
 Longview
 1 Bella Vista Drive
 Ithaca, NY 14850

Name: _____

Address: _____

Telephone: _____

E-mail: _____

I prefer to be contacted by: *(circle all that apply)*
 Postal mail E-mail Telephone

- I prefer to remain anonymous.
- My employer will match my gift.
- I have included Longview in my will.

Please use my donation for:

- Annual Campaign- Quality of Life Fund*
- Capital Campaign- Special Care Residence Fund*
- Longview's Endowment*
- General / Unrestricted funds*

I am interested in honoring a loved one with a bench, tile, or other naming opportunity.
 Please send me information on the choices available.

Gift Amount:

- \$1,000 \$500 \$250 \$100 \$50 \$35 \$_____

My check is enclosed.

Please charge my VISA/Mastercard as follows:

Credit Card # _____
 3 Digit Security Code on back of Card ____ Expiration Date _____
 Signature _____

I am interested in setting up a monthly or quarterly recurring gift. Please contact me about my options.

Thank you for caring!

My gift is:

in memory of in honor of

Please send notification of this tribute to:

Name: _____

Address: _____
