

Offline Giving Form- Please return to the address below:

**Lakeside Foundation Inc.
156 West Avenue - Suite 101
Brockport, NY 14420
585-396-6049**

Please Designate my gift to:

- Lakeside Memorial Hospital
- Lakeside Beirkirch Care Center
- Area of Greatest need

Amount: \$ _____

This gift is:

- in memory of: Name: _____
- in honor of: Occasion: _____

Please list this gift from: _____

Send acknowledgement to: _____

Address: _____

City/State/Zip: _____

Phone: _____

Billing Address

Email: _____

Name: _____

Company: _____

Address 1: _____

Address 2: _____

City/State/Zip: _____

Phone Number: _____

- I would like to make this a monthly donation.*

Comments or more information:

Payment Type:

Enclosed is my check in the amount of: \$ _____

Card Type: MC VISA DISC Am. EX.

Card Number: _____

Security Code: _____

Name on Card: _____

Business Name: _____

Exp. Date: _____

Additional Requests:

- I have remembered Lakeside in my will or estate plan
- I would like to know how to remember Lakeside in my will or estate plans
- I would like to learn about a gift that pays income to me
- I would like to learn about Lakesiders Club