



**RICHARD J. STEINMANN, MD
EMERGENCY SERVICES EDUCATION FUND**

Donation Form

(Please list your name and/or company as you would like it to appear in the list of donors)

Name _____

Company (if applicable) _____

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_____ I/We commit to a tax-deductible gift of \$_____ the Crouse Health Foundation in support of the Richard J. Steinmann, MD Emergency Services Education Fund.

This gift will be paid as follows:

- ☐ Enclosed is a check for \$ _____
- ☐ Via credit card *(please call the Crouse Health Foundation at (315) 470-7702 or go online to crouse.org/DrSFund)*
- ☐ Please contact me with instructions about transferring stock
- ☐ Record this gift as a pledge to be paid as follows over the next twelve months:

Month	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Signature *(for pledges only)* _____ Date _____

All donations are tax-deductible to the extent allowed by law.
More information on the tax aspects of your gift will be included in your acknowledgment letter.

***Please make checks payable to the
Crouse Health Foundation
and mail in the enclosed envelope to
736 Irving Avenue, Syracuse, NY 13210
For more information, contact Carrie Berse at 470-7004 or CarrieBerse@Crouse.org***