

<u>Please send contributions and address inquiries to</u>: The Long Island State Veterans Home, Administration Office, 100 Patriots Road, Stony Brook, NY 11790, (631) 444-8615 <u>www.listateveteranshome.org</u>

I want to support the veterans living at the Long Island State Veterans	Home with my gift of \$		
☐ Enclosed is my check (payable to SBF/LISVH)			
☐ Please charge my credit card (list information in the space	ee provided below.)		
Account Number:			
Expiration Date:			
Print Cardholder's Name:			
Signature:			
I want to support the veterans at the Long Island State Veterans Home.	Please use my gift for the following purpose:		
☐ Therapeutic Recreation Programs	☐ The Walk of Heroes (minimum contribution \$200 – fill		
Rehabilitation Therapy Programs	out separate Walk of Heroes Form below.)		
Adult Day Care Programs	Please use my gift where it would help most.		
☐ Special Programs for Alzheimers & Dementia Patients	☐ Other (Please specify):		
This contribution is from:			
Name:			
Address:			
City/State/Zip:			
The enclosed gift is made:			
☐ In Memory Of:	In Honor Of:		
Please Acknowledge: Name:			
Address:			
City/State/Zip:Ph	none:		

For Walk of Heroes Only: I would Walk of Heroes. Enclosed is my ch		se the following	g brick and have	e it placed in t	he Long Island State Veterans Home's
Commemorative Star - \$1,000		☐ Benefa	ctors Brick - \$2	200	
Donor Information: Name					
Address					
City	State	_ Zip			
Phone			<del></del>		
All Brick Inscripti			ΓΙΟΝ (please p Type & 15 Ch		iding spaces) Per Line
					Line 1
					Line 2
	Ш			Ш	Line 3
					Line 4
					Line 5

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