

we care

THE FOUNDATION FOR UNIVERSITY HOSPITAL

Please indicate the UH department, employee, physician or service you would like to recognize with your gift?

DONOR INFORMATION

Salutation

Your Name

First Name

Last Name

Company/Organization
(if applicable)

Address

Apt./Suite #

City

State

Zip Code

Phone Number

Email

Area Code

Phone Number

I would like my gift to be
anonymous

Yes

No

DONATE BY CHECK

Please make checks to payable to:
The Foundation for University Hospital
Tax ID # 47-1686351

Mail to:

The Foundation for University Hospital
150 Bergen Street, Suite D 209
Newark, NJ 07103
Attn: Gifts Department

CHARITABLE GIFTS

Information filed with the Attorney General concerning this charitable solicitation may be obtained by the Attorney General of the State of New Jersey by calling (973) 504-6215. Registration with the Attorney General does not imply endorsement. Refund Policy: By making a charitable gift to The Foundation for University Hospital, a 501(c)(3) organization, the donor understands that charitable donations are not refundable. [164.514(e)] [164.514(f); 164.520(b)(1)(ii)(B)].

It is the policy of this organization that 10% of restricted gifts may be used for unrestricted purposes, including priority clinical initiatives, key capital projects, and operations.

Please print form and send a copy with your donation. Thank you.