



**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) \_\_\_\_\_

Address \_\_\_\_\_

Phone (        ) \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_ 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](http://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](mailto:CarrieBerse@Crouse.org)***