

\_\_\_\_\_  
DONOR NAME(S) AS YOU WISH IT TO APPEAR ON PRINTED MATERIALS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
COUNTRY

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
EMAIL

I/We give to HSS a total of \$\_\_\_\_\_

I wish this gift to be:  In honor of \_\_\_\_\_  In memory of \_\_\_\_\_

**Please send this form with your gift to:**

Hospital for Special Surgery  
P.O. Box 30610  
New York, NY 10087

**Checks should be made payable to Hospital for Special Surgery.**

**If you choose to make a contribution by credit card, please include the following:**

CARD TYPE:  American Express  Discover  MasterCard  Visa

\_\_\_\_\_  
NAME AS IT APPEARS ON CARD

\_\_\_\_\_  
CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
SIGNATURE

**If you would like to make a gift via stock or wire transfer, please call 212.606.1196 or visit [hss.edu/givestock](https://hss.edu/givestock) for additional information.**

*Hospital for Special Surgery Fund, Inc. is a 501 (c)(3) tax exempt nonprofit organization, incorporated in the State of New York. Federal ID #13-6714749. Gifts to Hospital for Special Surgery are tax deductible as allowed by law. All gifts and pledges will be acknowledged in writing.*

**Thank you for your generous support of HSS.**