



Please send contributions and address inquiries to:

Long Island State Veterans Home

Administration Office	
100 Patriots Road, Stony Brook, NY 11790	
(631) 444-8615	
I want to support the veterans living at the Long Island State	Veterans Home with my gift of \$
☐ Enclosed is my check (payable to Stony Brook Fou	ndation/LISVH)
I want to support the veterans at the Long Island State Veteran	ns Home. Please use my gift for the following purpose:
☐ Therapeutic Recreation Programs	\Box The Halls of Heroes (contributions of \$ \$350 or
☐ Rehabilitation Therapy Programs	\$500 – please complete Halls of Heroes section on second page.)
☐ Adult Day Care Programs	☐ Please use my gift where it would help most.
☐ Special Programs for Alzheimer's & Dementia Patients	☐ Other (Please specify):
☐ The Walk of Heroes (minimum contribution \$200 – please complete Walk of Heroes section on second page.)	
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:	Phone:

For Walk of Heroes Only: I would like to purchase the following brick and have it placed in the Long Island State Veterans Home's. Enclosed is my check for:





Walk of Heroes	Wa	alk	Λf	H	PAPE
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□ Commemorative Star - \$1,000
☐ Benefactors Brick - \$200

INSCRIPTION (please print):

All Inscriptions Are Limited To 5 Lines Of Type & 15 Characters (including spaces) Per Line

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For Halls of Heroes Only: I would like to purchase the following framed picture and have it placed in the Long Island State Veterans Home. Enclosed is my check for:

□ 25" x 29" Cherry Frame - \$350 □ 33" x 45" Cherry Frame - \$500

INSCRIPTION (please print):

All Inscriptions Are Limited To 3 Lines Of Type & 15 Characters (including spaces) Per Line

 Donor Information:

 Name

 Address

 City
 State
 Zip

 Phone

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