



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 Foundation/LISVH)
- Please charge my credit card (Provide information in the space provided below.)
 - Visa Mastercard American Express

Account Number: _____

Expiration Date: _____ CID # _____

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
- Rehabilitation Therapy Programs
- Adult Day Care Programs
- Special Programs for Alzheimer's & Dementia Patients
- The Walk of Heroes (minimum contribution \$200 – please complete Walk of Heroes section on second page.)
- The Halls of Heroes (contributions of \$275 or \$350 – please complete Halls of Heroes section on second page.)
- Please use my gift where it would help most.
- 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: _____ 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

- 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

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 - \$275
- 33" x 45" Cherry Frame - \$350

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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