



## Credit Card Donation Form for Israeli Friends of Rambam Medical Center

**Instructions:** Please complete this form and send it to the attention of Galit Rothschild

Fax: +972-4-777-3949

Email: Office\_Aguda@rmc.gov.il

Please charge US\$/NIS \_\_\_\_\_ to my credit card.\*

My gift is toward one of the following (please check one):

- Where Rambam needs it most (general fund)
- Sammy Ofer Fortified Underground Emergency Hospital
- Ruth Rappaport Children's Hospital
- Eyal Ofer Heart Hospital
- Joseph Fishman Oncology Center
- Research
- Helmsley Health Discovery Tower
- Other \_\_\_\_\_

Please print clearly in CAPITAL LETTERS:

**Name** (as it appears on the credit card): \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Postal Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Type of Card:**  Visa  Mastercard  Amex  Discover  Other \_\_\_\_\_

**Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Israeli Friends of Rambam Medical Center**  
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