



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: _____

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