



**It is my pleasure to support Stony Brook Southampton Hospital's
Regional Tick-Borne Disease Resource Center**

___ I/We would like to support the work of the Regional Tick-Borne Disease Resource Center
with a gift of \$_____

Please make checks payable to **SOUTHAMPTON HOSPITAL FOUNDATION**

Please charge my credit card Amex MasterCard Visa

Credit Card # _____ Exp. Date _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Signature: _____ Date: _____

Please send me a copy of the Tick-Borne Disease Reference Handbook.

Southampton Hospital Foundation
240 Meeting House Lane
Southampton, NY 11968

Southampton Hospital Foundation is a 501(c)3 organization.
All gifts to Southampton Hospital Foundation are tax deductible to the fullest extent of the law.

For additional information please contact the Foundation office at (631)726-8700 ext. 7

Thank you for your generosity!