



Twig Gift Remittance Form

Twig donations shall be made to the Auxiliary for the benefit of Overlook Medical Center and may be contributed at any time during the year. Twig gifts may be designated to the Auxiliary General Fund or items from the Wish List which is located on our website at www.oaux.org.

Questions regarding Wish List items may be addressed to the Auxiliary Business Office at 908-522-2004.

Date: _____

Donation Amount: \$ _____

Town: _____

Twig Number: _____

GIFT TO BE USED FOR:

General Fund (undesignated): \$ _____

Wish List \$ _____

Please itemize the Wish List items below (one per line)

Remitted By: _____ Title: _____

Address: _____ State: _____ Zip: _____

Please complete form and submit with your check to: Overlook Auxiliary, Attention: Business Office, 99 Beauvoir Avenue, Summit, NJ 07901

For Treasurer Use Only

Deposit Date: _____ Acknowledgement Sent Date: _____

Date \$ Transferred: _____ Department \$ Transferred To: _____