ST. JOHN'S FOUNDATION FOR COMMUNITY HEALTH

DONATION FORM

Enclosed is my tax-deductible gift of $_____ to St. John's Foundation for Community Health.

- o Check enclosed, made payable to *St. John's Foundation for Community Health*
- o Credit Card number _____ Exp. Date _____

? Amex ? Discover ? MasterCard ? Visa

Please apply this gift to: (Check appropriate box)

- ❑ Emergency/ Burn/Trauma
- ❑ Women and Children
- ❑ Cardiology
- ❑ Oncology
- ❑ Neuroscience
- ❑ Sports Medicine/Orthopedics
- ❑ Seniors
- ❑ Infant/Child Bereavement Fund
- ❑ Mercy Villa Care Fund
- ❑ HospiceCare Fund
- ❑ School of Nursing Scholarship Fund
- ❑ McAuley Fund
- ❑ Hospitality House
- ❑ St. John's Children's Hospital
- ❑ Other:_____

Please print your name as it should appear in St. John's Foundation for Community Health publications:

Name: _____ Company: _____

Address: _____

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Home Phone: _____ Business Phone: _____

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❑ Please check here if you would like your donation to remain anonymous

If this is a tribute or memorial donation, please complete the following information:

Gift made in honor / memory (*circle one*) of: _____

Please send an acknowledgement to:

Name: _____ Relation: _____

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