

Gift Form

If you would like to make a donation, please complete the information below. Your gift will be processed by our Office of Philanthropy and an acknowledgement will be sent to the address you provide.

1. Donor Information *(as it should appear for recognition purposes)*

Name _____

Address/City/Zip _____

Phone _____ E-Mail _____

Check here if you would like your gift to be anonymous.

2. Gift Information

Enclosed is my gift of \$ _____

My check is enclosed. (Please make your check payable to Sutter Auburn Faith Hospital Foundation)

Please charge my credit card: Visa MasterCard Amex

Card #: _____ Exp.: _____ Security #: _____

3. Gift Designation

I would like to designate my gift to Sutter Auburn Faith Hospital Foundation and the following fund:

2015 Matching Grant-Stryker Nav3I System

Emergency Services

Area of Greatest Need

Family Birth Center

Cancer Care

Therapeutic Music

Chemotherapy Infusion Suite

Other _____

Hospice

My gift is made In memory of In honor of _____

Signature *(authorizing charge)*

Date

Thank you for helping us improve lives. Your Generosity Heals!

Questions? Call (916) 887-7080 • The amount of your gift is confidential.
Charitable tax ID number: 94-2594966

*We are grateful for the support we receive from our friends in the community. If you prefer not to receive fundraising information from us, please call us at (855) 421-3221 or e-mail us at shssrphil@sutterhealth.org and we will remove your name from our list.
Please allow at least four weeks to process your request.*

Please return this form to: SHSSR Philanthropy Office • 2700 Gateway Oaks Drive, Suite 2200, Sacramento, CA 95833
Fax (916) 887-7081 • E-mail SHSSR Philanthropy Office

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