



Sutter Amador Hospital

A Sutter Health Affiliate

200 Mission Boulevard
Jackson, CA 95642
(209) 223-7500
sutteramador.org

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. Please mail or fax this form to our office. Thank you for your support.

Gift Information

Enclosed is my gift of \$ _____

Gift Designation

Your gift stays local to your community. You may choose to designate your gift to a specific program or service. If you do not select a designation, your gift will go towards the area of greatest need at Sutter Amador Hospital.

Please direct my gift to:

- Area of Greatest Need
- Emergency Department
- Building and Equipment
- Women's Services
- Critical Care

Check and Credit Card Options

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

Please charge my: VISA MasterCard AmEx

NAME ON CREDIT CARD

CARD #

SECURITY CODE EXP. DATE

SIGNATURE

My Information

NAME

ADDRESS CITY / ZIP

PHONE

E-MAIL

Tribute Information (optional):

My gift is made: In memory of In honor of

NAME

Please notify:

NAME

ADDRESS CITY / ZIP

Please mail or fax this form to:

SHSSR Philanthropy Office
2800 L Street, Suite 620
Sacramento, CA 95816
FAX (916) 733-8972

Thank you for helping us improve lives in Amador County and beyond.

Questions? Call (916) 733-3863. The amount of your gift is confidential. Charitable Tax ID number: 94-1156621

We are grateful for the support we receive from our friends in the community. If you prefer not to receive fund raising information from us, please call us at (209) 257-7619 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.