

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 Amador Hospital Foundation)

Please charge my credit card: Visa MasterCard Amex

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

Pledge Information

This pledge is to be paid in installments as follows: Annually Semi-Annually Monthly

beginning _____, _____ for _____
(month) (year) (duration/years) *

3. Gift Designation

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

2016-2017 Matching Grant - Chemotherapy Pharmacy Upgrade

Area of Greatest Need

Emergency Department

Infusion Center

Lab

Patient Med Safety

Surgical Services

Other _____

My gift is made In memory of In honor of _____

Signature *(authorizing charge or pledge commitment)*

Date

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

*Pledge reminders will be sent. Pledge periods may not exceed five years. We understand that Sutter Health is relying on this pledge and that this pledge is considered binding. We also understand that a grant from a donor advised fund may be used for an outright gift, but may not be used to satisfy this pledge.

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

Questions? Call (916) 887-7080 • Charitable tax ID number: 94-1156621