



***I want to support compassionate, quality healthcare.***

(Please print out, complete and mail this form.)

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**I am making my gift today.** The amount of my gift is \$\_\_\_\_\_.

- My check is enclosed, payable to Children's Miracle Network.  
 Please bill my credit card.

**I am making a total pledge of \$\_\_\_\_\_**, to be divided into 12 equal monthly installments.

Please begin my pledge payments on (Month/Year) \_\_\_\_\_.

- Please bill pledge payments to my credit card.

Name on Card \_\_\_\_\_

Credit Card Type \_\_\_\_\_ Expiration Date (Month/Year) \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Is this an anonymous gift? Yes  No  (Please note that we never supply donor information to other organizations.)

**Employer Matching Gifts:** We hope that you will consider supporting Sacred Heart programs through your employer's matching gift program, if that option exists. Please contact your employer for assistance.

**Tributes and Memorials:** This gift is in  Memory of  Honor of:

(Full name of honoree) \_\_\_\_\_

Name/address of family member(s) to notify of this gift:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please send this form to:**

**Children's Miracle Network ■ PO Box 10905, Eugene, OR 97440 ■ p 541.686.6456 ■ f 541.686.8749**

*Your gift is tax-deductible and is greatly appreciated. Sacred Heart Medical Center Foundation's Tax ID is 936026548.*

*Please contact us if you do not wish to receive SHMC Foundation materials.*