

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



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

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

## **Please direct my gift to (please check one box):**

A specific program affiliated with Sacred Heart

Name of Program \_\_\_\_\_

The Campaign for RiverBend

Area of greatest need

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

My check is enclosed, payable to SHMC Foundation.

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) \_\_\_\_\_.

I will be making my pledge gifts by check. (The Foundation will send you helpful reminders.)

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.

## **Please contact me about:**

Making a gift through my will or planned giving.

Donating stock, other securities or property.

Making payroll deductions (I am a PeaceHealth/Sacred Heart employee).

Additional instructions, if any \_\_\_\_\_

**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: SHMC Foundation ■ PO Box 10905, Eugene, OR 97440 ■ 541-686-6958**

*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.*