



Healthcare Foundation Cornerstone Community Annual Fund Campaign

I would like to make my tax-deductible gift of \$ _____

If this is a corporate donation, this is the name of my company:

Designate Your Gift To a Department

I want to designate my gift to (If you select more than one, your gift will be equally divided):

- Area of Greatest Need
- Cancer Program
- Care of the Elderly
- Chaplain's Patient Care Fund (for the emergency needs of patients and their families)
- Children's
- Heart Program
- Home Healthcare and Hospice Patient Care Fund
- Hospice
- Nursing Education
- Orthopedic/Joint Replacement program
- Primary Care
- Pulmonary Program
- Rachel's Courtyard Play Equipment and Furniture
- Volunteer Services Endowment
- Women's Health Education and Resource (HER) Center
- Other: _____



Designate Your Donation in Honor of A Person

I wish to designate my donation (Gift amount remains confidential):

- In memory of a loved one
- To honor a friend
- To thank a physician or nurse

Name of person being honored: _____

Should we notify the person being honored? ___Yes___No

If no, please skip to ****. If yes, continue.

Is the Honoree an employee at Presbyterian? ___Yes ___No

If Yes, you may skip to ****

If no, please fill in:

Honoree's Address: _____

Honoree's City, State, Zip: _____

Honoree's Phone (Optional): _____

******Name of Person to Notify, if other than or in addition to Honoree:**

Is the Person to notify an employee at Presbyterian? ___Yes ___No

If yes, you may skip the next three fields.

If no, please fill in:

Person to Notify's Address: _____

Person to Notify's City, State, Zip: _____

Person to Notify's Phone (Optional): _____

My company has a matching gift program (May double your gift at no cost to you): ___Yes

Billing Information

First Name: _____

Last Name: _____

Billing Address: _____

City, State, Zip: _____

Phone (Optional): _____

Email (Optional): _____

Type of Credit Card: _____

Name on Card: _____

Credit Card Number: _____

Expiration Month: _____

Expiration Year: _____

Validation Code (last three digits in signature box): _____

Your Signature: _____

If you are enclosing a check, please make it out to: **Presbyterian Healthcare Foundation**

Any other comments or instructions:

By law, gifts are tax-deductible. If you have any questions about the Cornerstone Campaign or the Foundation in general, please call (505) 724-6580.

Mailing Instructions

Please mail this form to:

Presbyterian Healthcare Foundation

P.O. Box 26666

Albuquerque, NM 87125-6666

You may also fax this form to the Foundation at: (505) 724-8000

**You (and anyone you have so designated) will be notified in writing upon receipt of your gift
Thank you for your donation**