

Gift Form



Yes! I want to help fight cancer at the John Wayne Cancer Institute.

1 Please print clearly and enter the following information:

Mr. Mrs. Ms. Dr.

Name: _____

Company/Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ email: _____

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2 Enclosed is my donation of \$_____ (Make check to Saint John's Health Center Foundation)

Please use my gift: Where the need is greatest Other: _____

Please charge my: Visa Master Card American Express

Name on Card: _____ Card Number: _____

Expiration Date: ____/____/____ Signature: _____

I would prefer that my gift remains anonymous

Please list my/our name as follows (for gifts over \$500): _____

TRIBUTE GIFT

In Memory of: In Honor of: Other _____

Honoree: _____

Please send notification to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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3 Please send information about:

<input type="checkbox"/> Gifts of stock / Gifts in kind	<input type="checkbox"/> Benefactors/Circles of Distinction program (Gifts of \$5,000+)
<input type="checkbox"/> Gifts of real estate	<input type="checkbox"/> Gold Card program (Gifts of \$10,000+)
<input type="checkbox"/> How to include the John Wayne Cancer Institute in my will	

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4 Print this donation form and mail or fax to:
Saint John's Health Center Foundation
2121 Santa Monica Blvd., Santa Monica, CA 90404

Phone: 310-829-8424 Fax: 310-315-6167 Online Contributions: www.SaintJohnsFoundation.org

Your contribution is tax-deductible to the extent allowed by law. Tax ID – 95-6100079.

For internal use only: This gift was received by: _____