

# Gift Form



**Yes!** I want to help fight cancer at the Saint John's 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: \_\_\_\_\_

**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: \_\_\_\_\_

**3** Please send information about:  
 Gifts of stock / Gifts in kind       Benefactors/Circles of Distinction program (Gifts of \$5,000+)  
 Gifts of real estate  
 How to include the John Wayne Cancer Institute in my will       Gold Card program (Gifts of \$10,000+)

**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](http://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: \_\_\_\_\_*