

Donation Form

Please complete, print, sign and mail or fax to Sutter Medical Center Foundation. Thank you.

Use our "Giving Thanks" form if you would like to make a gift to honor your special doctor, nurse, or team of caregivers.

Gift Information

Gift amount:

Cornerstone Platinum \$5,000
 Cornerstone Gold \$2,500
 Cornerstone Silver \$1,000
 Cornerstone Bronze \$ 500
 Donor Circle \$ 150
 \$ 100
 \$ 50
 \$ 25
 Other amount: \$

I want my gift to support:

Area of greatest need	Neonatal Intensive Care Unit (NICU)
Building Fund	Neuroscience Institute
Cancer Center	Orthopaedic Institute
Children's Center	Resource Library
Emergency Services	Senior Services
Heart & Vascular Institute	Special Care Nursery
Hospice	Spiritual Care Services
Mental Health	Sutter Institute for Medical Research (SIMR)
Other _____	Women's Health

My check is enclosed. (Payable to Sutter Medical Center Foundation)

Bill my: VISA MasterCard American Express

Name on credit card _____

Card # _____ Security Code _____

Signature _____ Exp. Date _____

My Information

Name _____

Address _____ City/ZIP _____

Phone _____ E-mail _____

Tribute Information

This gift is given (optional):

In memory of _____

In honor of _____

Please send an acknowledgement to (optional):

Name _____

Address _____ City/ZIP _____

Make a gift online anytime at suttermedicalcenter.org.

Questions? Call (916) 733-3863. All gifts are tax deductible. Charitable Tax ID# 94-2788906