



**Sutter Medical Center
Foundation**

A Sutter Health Affiliate

2800 L Street, Suite 620
Sacramento, CA 95816-5600
(916) 733-3863
(916) 733-8972 (Fax)
SMCFoundation@sutterhealth.org
www.suttermedicalcenter.org

Please print, fill out and mail or fax this donation form to Sutter Medical Center Foundation.

5BBI 5 @; 5-B; LEVELS:

- Cornerstone Platinum \$5,000 or more
- Cornerstone Club Gold \$2,500 - \$4,999
- Cornerstone Club Silver \$1,000 - \$2,499
- Donor Circle \$150 - \$999

Enclosed is my gift of _____

My check is enclosed
(payable to Sutter Medical Center Foundation)

Please bill my MasterCard / VISA / Am Ex
(circle card)

Card # _____ Exp. Date _____

Signature _____ Phone _____

My employer will match my gift. Matching form enclosed.

Tell me how to include Sutter Medical Center, Sacramento in my will and/or trust.

I WOULD LIKE MY GIFT TO SUPPORT:

- Area of greatest need
- Cancer Center
- Samaritan Fund
- Children's Center
- Diabetes Care Center
- Emergency Services
- Heart Institute
- Hospice
- Neuroscience Institute
- Orthopedics Institute
- Pastoral Care
- Senior Services
- Special Care Nursery
- Mental Health
- Sutter Institute for Medical Research
- Resource Library
- Women's Health
- Building Fund

THIS GIFT IS GIVEN: (optional)

- In memory of _____
- In honor of _____
- Please thank a specific hospital unit or individual _____

DONOR:

Name (as you would like to be acknowledged in our annual report)

Address

City State Zip

Phone Number Birth Date E-mail address

SEND ACKNOWLEDGEMENT TO: (optional)

Name of person I wish to inform (please print)

Address

City State Zip

Thank you for your tax-deductible contribution to support Sutter Medical Center, Sacramento.

The amount of your gift is confidential. Charitable Tax ID#: 94-2788906.