



You have the opportunity to support patient care at Sutter Medical Center, Sacramento while paying tribute to your special doctor, nurse or team of caregivers who made a difference in your visit or stay. Each person that you honor will receive an acknowledgement letter and a custom-crafted lapel pin to wear proudly.

If you would like to make a gift in memory of a loved one, please visit our Web site to make a gift online or to print and send our "Donation Form."

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

### Giving Thanks

*My gift is in honor of:*

Caregiver's title:    Doctor            Nurse            Staff    *(select one)*

Caregiver's first name: \_\_\_\_\_

Caregiver's last name: \_\_\_\_\_

Sutter facility and department: \_\_\_\_\_

Please let us know why you are giving thanks to this person (optional):

### Gift Information

*Gift amount:*

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

*I want my gift to support:*

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

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

*"Bill my:    VISA        MasterCard        American Express (select card)*

Name on credit card \_\_\_\_\_

Card # \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_

### My Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City/ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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*All gifts are tax deductible. Charitable Tax ID# 94-2788906*