

# Yes! I want to honor my Guardian Angel.

I would like to give: \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please designate my gift to:

- |   |  |
|---|--|
| <input type="checkbox"/> Where the Need is Greatest     | <input type="checkbox"/> Kathie Winograd Educational |
| <input type="checkbox"/> Behavioral Health              | Fund (Pace Academy)                                  |
| <input type="checkbox"/> Cancer Care                    | <input type="checkbox"/> Patient Assistance          |
| <input type="checkbox"/> Children's Care                | <input type="checkbox"/> Robert Wertheim             |
| <input type="checkbox"/> Clinical and Nursing Education | Hospice House  |
| <input type="checkbox"/> Community Health               | <input type="checkbox"/> Women's Care                |
| <input type="checkbox"/> Heart and Vascular Care        | <input type="checkbox"/> Other Area of Presbyterian: |

Payment Information

- ☐ My check payable to Presbyterian Healthcare Foundation enclosed.
- ☐ Please charge my credit card:

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_



Please mail this form with your donation to:  
Presbyterian Healthcare Foundation  
P.O. Box 26666  
Albuquerque, NM 87125-6666

For questions, contact Kara Bergevin at (505) 724-7003 or kbergevin3@phs.org.

I am honoring \_\_\_\_\_ as a Guardian Angel because he/she

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