

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



Payment Information

My check payable to **Presbyterian Healthcare Foundation** enclosed.

Please charge my credit card:

Amex Visa Mastercard Discover

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
