



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Gift Information

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

## Please designate my gift to:

Where the Need is Greatest

Community Health

Neuroscience Excellence

Robert Wertheim Hospice House

Another Area of Presbyterian: \_\_\_\_\_

## Payment Information

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

Please bill my credit card:

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Please make my gift:  In honor of  In memory of Name: \_\_\_\_\_

*If you do not wish to receive future fundraising communications, please contact Presbyterian Healthcare Foundation at [phf@phs.org](mailto:phf@phs.org) for opt-out or call 505-724-6580 or 800-709-8798.*