



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.*

PRESBYTERIAN HEALTHCARE FOUNDATION IS A 501(C)3 NONPROFIT ORGANIZATION. NO PORTION OF YOUR GIFT SUPPORTS FUNDRAISING OR ADMINISTRATIVE EXPENSES.