

To provide leadership and philanthropic support to Providence Saint John's Health Center, the John Wayne Cancer Institute and the Pacific Neuroscience Institute, that serve as catalysts for exceptional health care and research.

GIFT FORM

Yes! I want to help Saint John's Health Center Foundation and its mission.

1

Please print clearly and enter the following information:

Mr. Mrs. Ms. Dr.

Name: _____

Company/Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Email: _____

2

Enclosed is my donation of \$ _____ (Make check to Saint John's Health Center Foundation)

Please use my gift to support:

Providence Saint John's Health Center

John Wayne Cancer Institute

Pacific Neuroscience Institute

Where the need is greatest

Please charge my: Visa Master Card American Express

Name on Card: _____ Card Number: _____

Expiration Date: ____/____/____ Signature: _____

I would prefer that my gift remains anonymous

Please list my/our name as follows (for gifts over \$500): _____

TRIBUTE GIFT

In Memory of: In Honor of: Other _____

Honoree: _____

Please send notification to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

3

Please send information about:

Gifts of stock

Gifts of real estate

How to include Saint John's Health Center Foundation in my will

Gold Card program (Gifts of \$10,000+)

4

Print this donation form and mail or fax to:

Saint John's Health Center Foundation

2121 Santa Monica Boulevard

Santa Monica, CA 90404-2303

Phone: 310-829-8424 Fax: 310-315-6127 Online Contributions: www.providence.org/saintjohns

Your contribution is tax-deductible to the extent allowed by law. Tax ID - 95-6100079.