



# DONATION FORM

Name: *(as you would like it to appear for Recognition)*

*I / We would like to remain Anonymous*

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

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

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

### PAYMENT INFORMATION

Enclosed is my gift of \$ \_\_\_\_\_

Please make check payable to **Island Hospital Foundation** or pay via credit card:

**Visa**            **MasterCard**            **AMEX**            **Discover**

Name: \_\_\_\_\_ #: \_\_\_\_\_  
*(as it appears on card)*

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

Signature: (required) \_\_\_\_\_

### PLEASE DESIGNATE MY GIFT:

*Please choose from the following areas:*

- |                             |  |
|-----------------------------|--|
| Greatest Need               | Island Health Resource Center                                  |
| Cancer Care Center          | Community Health Screening Program                             |
| Home Health Department      | Island Hospital Foundation Endowment for the Greatest Need     |
| Island Prenatal Care Center | Justus & Jayne Schlichting Endowment for Community Health Care |
| Anacortes Teen Clinic       | Other (please list): _____                                     |

In Honor of      Memory of \_\_\_\_\_

Please contact me about planned giving opportunities

Email [bmolnar@islandhospital.org](mailto:bmolnar@islandhospital.org)

Fax it to **360-299-4222**

Mail to **Island Hospital Foundation at 1211 24th Street, Anacortes, WA 98221**

You may also stop by our office or call 360-299-4201 and will gladly assist you by credit or debit card over the phone