

**Glendale Memorial Health Foundation
Donation Form**

Thank you for your generous gift.

Please print and fill out this form and return it by mail or fax to:

Glendale Memorial Health Foundation
1420 S. Central Avenue
Glendale, CA 91204
Fax: (818) 502-4746

If you have any questions or need more information, please call (818) 502-2375.

Mr. Mrs. Mr. and Mrs. Ms. Miss Dr.

Name _____
(name as you wish it to appear in our donor publication)

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Amount of Gift \$ _____

Designate my gift to: Greatest Need Other _____

Make checks payable to Glendale Memorial Health Foundation.

Please charge my gift to my: Visa MasterCard Discover American Express

Credit card number _____ Expiration date ____ / ____

Signature _____

This gift is made: In Memory of In Honor of
Name _____

Please send acknowledgement to: (amount of your gift will not be disclosed)

Name _____

Address _____

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Employer matching gifts are welcome. Glendale Memorial Health Foundation is a tax-exempt organization. Its federal tax identification number is 95-3625651.