



P.O. Box 213008 ▪ Stockton, CA 95297-1306 ▪ 209-467-6347 ▪ Fax 209-461-6893

### Donor Information

First Name(s): \_\_\_\_\_ Last Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

I do not want to receive email updates.

### Gift Information

I would like to donate the following amount \$\_\_\_\_\_.

Enclosed is my check made payable to **St. Joseph's Foundation**.

If donation is via credit card, please complete the following information. This information will be kept confidential in our records.

Visa       MasterCard      Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

My employer will match my gift. Employer name: \_\_\_\_\_

### Honor/Memorial Gifts

In Memory of (*deceased*)       In Honor of (*living*)

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

Please send acknowledgement of my donation to:

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

Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

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

### Gift Designation

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> The Greatest Need       | <input type="checkbox"/> Cancer Center     | <input type="checkbox"/> CareVan             |
| <input type="checkbox"/> Community Health        | <input type="checkbox"/> Heart Center      | <input type="checkbox"/> Intensive Care Unit |
| <input type="checkbox"/> Maternal Child Services | <input type="checkbox"/> Nursing           | <input type="checkbox"/> Pediatrics          |
| <input type="checkbox"/> Rehabilitation Services | <input type="checkbox"/> New Patient Tower | <input type="checkbox"/> Other _____         |

**Mail this completed form to address indicated at the top of form. We thank you for your gift.**

Your contribution is tax-deductible, as the law allows. St. Joseph's Foundation is a non-profit organization and is recognized as tax-exempt under Internal Revenue code 501 (c)(3).