

Foundation

Gift Form

Please complete this form and return with your gift.

Gift:

Amount \$ _____ Designation _____

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Total \$ _____ In Memory of / In Honor of: _____

I/We would like to remain anonymous I/We would like to be recognized as: _____

Method of Payment:

Cash Check # _____ Credit Card (Made on the website: www.honorhealthfoundation.org)

Donor Advised Fund Stock Wire Transfer (ACH) Other _____

Preferred Method of Communication:

Select One: Phone (accepts text messages Yes No) Mail Email

Donor Name(s) _____

Organization _____

Address _____

City, State Zip _____

Email _____

Phone _____

(Business Cell Home) _____

We respect your right to privacy and shall treat and protect your financial and other personal information as confidential materials to the extent permitted under applicable State and Federal statutes. By signing below, I/we agree to fulfill the terms of this gift commitment.

Completed by:

Name/Signature Date:

For Official Use Only:

Campaign _____	Fund _____	Appeal _____
Constituent ID _____	Soft Credit _____	Officer _____
Notes _____		

Thank you for your generous support!

Please return completed forms to HonorHealth Foundation at

8125 N. Hayden Rd., Scottsdale, AZ 85258 • 480.587.5000

www.honorhealthfoundation.org

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