

## Gift Form

If you would like to make a donation, please complete the information below. Your gift will be processed by our Office of Philanthropy and an acknowledgement will be sent to the address you provide.

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### 1. Donor Information *(as it should appear for recognition purposes)*

Name

Address/City/Zip

Phone

E-Mail

*Check here if you would like your gift to be anonymous.*

### 2. One Time Gift Information (cash or charge)

My check in the amount of \_\_\_\_\_ is enclosed. (Please make your check payable to Sutter Davis Hospital Foundation)

Please charge my credit card in the amount of: \_\_\_\_\_ Visa    MasterCard    Amex

Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_ Security #: \_\_\_\_\_

### 3. Pledge Information (to be paid over a period of time)

The total amount of this pledge is \_\_\_\_\_ to be paid in installments as follows:

Annually    Semi-Annually    Monthly beginning \_\_\_\_\_, \_\_\_\_\_ for \_\_\_\_\_  
(month)    (year)    (# years) \*

Enclosed is my first pledge payment of \_\_\_\_\_ (if applicable)

### 4. Recurring Gift Information (regularly occurring payment-no pledge commitment)

Please charge my credit card \$ \_\_\_\_\_ monthly    quarterly    annually through December 2023.

MasterCard    Visa    Amex

Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_ Security #: \_\_\_\_\_

### 5. Gift Designation

I would like to designate my gift to the partnership between Sutter Health and Davis Community Meals and Housing.

My gift is made    In memory of    In honor of

Signature *(authorizing charge or pledge commitment)*

Date

Please complete, sign and return this form to: Office of Philanthropy, Gift Processing  
P.O. Box 160045  
Sacramento, CA 95816  
Fax to 916-286-6671

\* Pledges for matching grants have limited terms. Pledge periods may not exceed five years. I/We understand this gift will be used as I/we have designated for those projects and expenses. I/We agree to the above sum with the understanding Sutter Davis Hospital Foundation may make commitments in reliance of this pledge.

Thank you for helping us improve lives. Your Generosity Heals!  
Questions? Call (916) 887-7080 • Charitable tax ID number: 68-0217870