



John Muir Health Foundation Gift by Mail Form

To make a gift to John Muir Health Foundation, print this form, fill it out, and mail with your check or credit card information to:

John Muir Health Foundation

Attn: WBS
1400 Treat Boulevard, Second Floor
Walnut Creek, CA 94597

Yes, I want to support John Muir Health! Please direct my gift to one of the following areas:

Where the Need is Greatest

- All John Muir Health Campuses, Programs & Services
- Programs & Services at the Walnut Creek Campus
- Programs & Services at the Concord Campus
- Programs & Services at the Brentwood Campus

OR

A specific program or area

- | | | | |
|---------------------------------------------------|----------------------------------------------|----------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Behavioral Health Center | <input type="checkbox"/> Children's Services | <input type="checkbox"/> Neonatal Intensive Care Nursery | <input type="checkbox"/> Surgical Services |
| <input type="checkbox"/> Cancer Care | <input type="checkbox"/> Emergency Services | <input type="checkbox"/> Neurosciences | <input type="checkbox"/> Trauma Services |
| <input type="checkbox"/> Cardiac Care | <input type="checkbox"/> Friends of Nursing | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Women's Health Services |

Gift Information:

Gift Amount:

- \$1,000
- \$500
- \$250
- \$100
- \$50
- \$25

Other (Please indicate) _____

- I wish for my gift to remain anonymous

Donor Information:

Title: _____

First Name: _____

Last Name: _____

Recognition Name (if different): _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Payment Information:

Please make checks payable to *John Muir Health Foundation*

Please charge my: Visa Mastercard

Credit Card Number: _____

Expiration Date: _____

Name as it appears on card: _____

Signature: _____

Honor/Memorial Giving (optional):

My gift is in memory of: _____

My gift is in honor of: _____

Please send an acknowledgement card to:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Matching Funds (optional):

Many employers have matching gift programs for employees and retirees through which your generosity to John Muir Health Foundation can be multiplied. As a non-profit organization, we are eligible for many matching-gift programs from corporations, foundations, and other organizations.

My employer has a matching gifts program. yes no not sure

If yes or not sure, name of company: _____

Additional Information:

General Comments: _____

How did you hear about our website?

- | | |
|---------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> johnmuirhealth.com | <input type="checkbox"/> print advertisement |
| <input type="checkbox"/> email | <input type="checkbox"/> friend/colleague |
| <input type="checkbox"/> printed newsletter | <input type="checkbox"/> volunteer |
| <input type="checkbox"/> mail | <input type="checkbox"/> other |
| <input type="checkbox"/> postcard | |

John Muir Foundation is a 501(c) (3) organization. Your gifts are tax deductible to the fullest extent allowed by law.

Thank you for supporting the programs and services of John Muir Health!

I do not wish to receive future information from John Muir Health Foundation