



Please mail to:
 University Hospitals
 Institutional Relations and Development
 P.O. Box 74947
 Cleveland, Ohio 44101-9927

YES, I WANT TO MAKE A GIFT!

Or fax to: 216.983.2201
Questions? Please call: 216.983.2200

Title (Mr., Mrs., Dr., Etc.): _____ Name: _____
 Home Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone / Home: _____ Phone / Business: _____
 Business Name: _____
 Business Address: _____
 E-Mail Address: _____

Gift/Pledge Information

My gift is to support:

- University Hospitals**
Provides support for the most critical needs
- Rainbow Babies & Children's Hospital**
- Ireland Cancer Center**
- MacDonald Women's Hospital**
- Other UH entity or Center of Excellence (enter below)**

(Optional) This gift is:

In honor of: _____

In memory of: _____

(Optional) UH will notify the following that a gift has been made:

Name: _____

Relationship: _____

Address: _____

<p>I am making a gift in the amount of:</p> <p><input type="checkbox"/> \$35 <input type="checkbox"/> My employer will match my gift. A matching gift form is enclosed.</p> <p><input type="checkbox"/> \$50</p> <p><input type="checkbox"/> \$100 <i>If giving a matching gift, please provide company name and address:</i></p> <p><input type="checkbox"/> \$250 Company: _____</p> <p><input type="checkbox"/> \$500 Address: _____</p> <p><input type="checkbox"/> \$1,000 _____</p> <p><input type="checkbox"/> \$ _____ _____</p>	<p>I am making a pledge in the amount of:</p> <p>\$ _____</p> <p>My first pledge payment will be made on or by:</p> <p>(Month) (Day) (Year) (Amount)</p> <p>Subsequent payments will be made on or by:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(Month) (Day) (Year) (Amount)</p>
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Your contribution is tax-deductible to the fullest extent allowable by law. Information provided on this form will be kept strictly confidential.

Method of Payment: Check VISA MasterCard AMEX Discover

Name as it appears on credit card: _____

Account Number: _____ **Expiration Date** _____

*****REQUIRED: Security Code (last 3 or 4 digit number on back of card):** _____

Signature: _____