

## **Giving Form**

Yes! I want to make a difference in the lives of the patients of University Hospitals.								
Name:	Home Phone:	Cell Phone:						
Street Address/City/State/Zip:								
E-mail:								

## **Gift Designation**

UH Fund (Area of greatest need)
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Other (UH medical center, institute, clinical program, etc.)								
UH Event								
*PER UH POLICY, ALL UH EVENT DONATIONS MUST BE PAID BY 2 MONTHS POST-EVENT								
$\Box$ Ticket(s)	□ Table Sponsorship(s)	Donation	□ In-Kind Donation					
This gift is made in honor of:								
This gift is made in <b>memory</b> of:								

PLEASE INCLUDE RELATIONSHIP AND ADDRESS OF PERSON BEING RECOGNIZED SO WE MAY NOTIFY THE HONOREE OR THE FAMILY OF THE HONOREE.

## **Payment Method**

□ Check (ENCLOSE	ED MADE PAYABLE TO U	INIVERSITY HOSPITALS)	\$							
$\Box$ Credit Card	□ MasterCard	🗆 Visa 🛛	American Express	□ Discover	\$					
Card Number				Exp. Date:	_/_/	_ Security Code:				
Name as it ap	pears on card (PLEAS									
		FIF	ST NAME	MIDDLE INIT	IAL	LAST NAME				
Pledge  \$	(INDICATE ON	e-time payment or sp	PECIFY PAYMENT INSTALL	MENTS ON LINE BELOV	V).					
□ Recurring Gif	it \$ dei	DUCT THIS AMOUNT MC	NTHLY UNTIL THE DONOR	CONTACTS IR&D TO D	ISCONTINUE DEE	DUCTIONS.				
□ Stock/Securit	i <b>es Gift:</b> Please co	ntact Institutional	Relations & Develo	pment at 216-98	3-2200 for i	nstructions.				
$\Box$ Matching Gif	Matching Gift \$ Amount employer will match \$									
Name and add	Iress of employer:									
To find out if y	our company will r	natch your gift, ple	ase go to <b>matchin</b> g	ggifts.com/UHGi	ving.					
Society of 1866	Annual Giving									
Founders		\$25,000 or	more * Patrons a	<ul> <li>and presentation of the Samuel Mather Visionary Award and Disting Physician Award.</li> <li>** Sponsors who contribute \$1,000 or more annually will be recognize the Annual Report on Philanthropy and will receive hospital publicat</li> </ul>						
Pacesetters		\$10,000 - \$24	,555							
Grand Patrons		\$5,000 – \$9	1999							
Patrons*			,999 the Ann							
Sponsors**		\$1,000 – \$2	,499 and invit	and invitations to exclusive special events.						
For recognition pu	urposes, please list	my/our name as i	ndicated (please prin	T):						
I AUTHORIZE THIS G	IFT AND AUTHORIZE	THE FORM OF PAYN	IENT AS I HAVE DESIG	SNATED ABOVE.						
Signature:						Date:/ /				

## **Additional Ways to Give**

Leave your legacy. Call: 216-983-2200 Remember University Hospitals in your estate plans. Email: UHGiving@UHhospitals.org Give Online: UHGiving.org Mail: University Hospitals Institutional Relations & Development, PO Box 94554, Cleveland, OH 44101-4554