

Giving Form

Name: _____ Home Phone: _____ Cell Phone: _____
 Street Address/City/State/Zip: _____
 E-mail: _____

Gift Designation

- UH Fund (Area of greatest need)
 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**

- Ticket(s) Table Sponsorship(s) Donation In-Kind Donation
 This gift is made in **honor** of: _____
 This gift is made in **memory** 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** (ENCLOSED MADE PAYABLE TO UNIVERSITY HOSPITALS) \$ _____
 Credit Card MasterCard Visa American Express Discover \$ _____
 Card Number: _____ Exp. Date: ____/____/____ Security Code: _____
 Name as it appears on card (PLEASE PRINT): _____
FIRST NAME MIDDLE INITIAL LAST NAME

Pledge \$ _____ (INDICATE ONE-TIME PAYMENT OR SPECIFY PAYMENT INSTALLMENTS ON LINE BELOW).

Recurring Gift \$ _____ DEDUCT THIS AMOUNT MONTHLY UNTIL THE DONOR CONTACTS IR&D TO DISCONTINUE DEDUCTIONS.

Stock/Securities Gift: Please contact Institutional Relations & Development at 216-983-2200 for instructions.

Matching Gift \$ _____ Amount employer will match \$ _____

Name and address of employer: _____

To find out if your company will match your gift, please go to matchinggifts.com/UHGiving.

For recognition purposes, please list my/our name as indicated (PLEASE PRINT): _____

I AUTHORIZE THIS GIFT AND AUTHORIZE THE FORM OF PAYMENT AS I HAVE DESIGNATED ABOVE.

Signature: _____ Date: ____/____/____

Additional Ways to Give

Call: 216-983-2200

Email: UHGiving@UHhospitals.org

Give Online: UHGiving.org

Mail: University Hospitals Institutional Relations & Development, PO Box 94554, Cleveland, OH 44101-4554

Leave your legacy.
 Remember University Hospitals in your estate plans.