

The Huntington Annual Fund

Here to stay. Here for you.

Donor Gift Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Yes, I would like to make a gift in support of exceptional medical care.

I would like to make a gift in the amount of:

___ \$50 ___ \$150 ___ \$500 ___ \$1,000

The President's Circle:

___ \$2,000 ___ \$5,000 ___ \$10,000 ___ \$25,000

Please print, complete,
and mail this form to:

Huntington Hospital
Office of Philanthropy
100 W. California Blvd.
Pasadena, CA 91105

Please use my tax deductible gift to support:

___ **Wherever the need is greatest**

___ **Emergency Department Expansion Project**

___ **Other:** _____

Payment Method

___ **I have enclosed a check in the amount of \$_____ (Please make payable to: Huntington Hospital)**

___ **Please charge my credit card (Visa, MC, American Express)**

Card Number: _____

Expiration Date: _____

Signature: _____

___ **My employer or my spouse's employer will match this gift. Please enclose completed form.**

___ **Please send me information about remembering Huntington Hospital in my will.**

___ **Please send me information about the President's Circle.**

Questions? Please contact the Office of Philanthropy at: **(626) 397-3241**