



Yes! I wish to support medical excellence at Overlake with a gift of \$ _____

Please use my gift where the need is greatest.

OR

Please direct my gift to the following Overlake program _____.

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Telephone: _____

I have selected the following giving option:

Option 1: Enclosed is my check payable to Overlake Hospital Foundation

Option 2: One time credit card payment

Option 3: I/We would like to pledge a total of \$ _____ for one year, beginning on ____/____/2009 payable at \$ _____ per month **OR** \$ _____ per quarter

MasterCard Visa American Express

Card #: _____ **Exp. Date:** _____

Signature: _____

My employer will match this gift.

I would like to make a gift of stock. Please contact me with instructions.

I have named Overlake Hospital Foundation in my will.

For a tribute gift, please complete the following.

Name of person to be remembered or honored, as you would like it to appear in the acknowledgement:

In memory In honor Other (specify) _____

Please send notice of my gift to:

(amount of gift will not be disclosed)

Name: _____

Address: _____

City/State/Zip: _____

Please list my name in the acknowledgement this way: _____