

Grateful Patient & Tribute Gift Donation Form



Donor Information

Name	Telephone (home)
Address	
City, State Zip	
Email	

Gift Information

Gift amount: \$ _____

I wish to designate this gift to:

- Heart & Vascular Center Cancer Center Neonatal Intensive Care Unit
 Women's & Infant Services Charity Care
 Ensuring Excellence/Greatest Need Other Program _____

This gift is in honor memory appreciation Name: _____

Please notify recipient of my gift. (*Gift amount will not be included.*)

Tribute Recipient Address: _____

I am making this contribution in the form of:

- cash check (*made payable to Overlake Medical Center Foundation*) credit card

Name	
Credit card number	Expiration date ____/____
Authorized signature	

My employer will match this gift. Company name: _____

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

I have named Overlake Hospital Foundation in my will.

If you would like to honor or share your appreciation of a caregiver, please complete the following:

Name and unit of person to be recognized: _____

Please tell us your story!

