



# Sierra Nevada Memorial Hospital Foundation

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[www.supportsierranevada.org](http://www.supportsierranevada.org)

[www.facebook.com/supportsierranevada](http://www.facebook.com/supportsierranevada)

**Thank you for your interest! To make a donation, please complete this form.  
If you have any questions or need assistance, please contact our office at the number above.**

### Please direct my donation to:

- Current Campaign—Accelerating Cancer Treatment     Area of Greatest Need     Sierra Nevada Cancer Center
- Read Me A Story     Cardiac Rehab     Alzheimer’s Outreach Project
- SNMHF Permanently Restricted Endowment Fund

*If you are interested in supporting something that is not listed, please feel free to contact our office.*

I would like to donate (circle one):    \$1,000\*    \$500    \$250    \$100    \$50    \$25    Other \$\_\_\_\_\_

*\*With a monthly gift of \$84 or more, a quarterly gift of \$250, or a cumulative gift or pledge of \$1,000 or more, you will be recognized as a member of our Red Rose Society.*

### Payment Options

I’ve enclosed a check payable to Sierra Nevada Memorial Hospital Foundation (or SNMHF).

*Please mail your check, with this form, to the address above.*

I authorize Sierra Nevada Memorial Hospital Foundation to debit the following credit card:

\$\_\_\_\_\_ Monthly

\$\_\_\_\_\_ Quarterly

\$\_\_\_\_\_ One-Time Donation

VISA      MASTER CARD     Expiration date \_\_\_\_\_/\_\_\_\_\_

Card No. \_\_\_\_\_

Name on Credit Card (please print legibly) \_\_\_\_\_

Signature \_\_\_\_\_ Three digit number on back of card \_\_\_\_\_

### Please provide the following information in full:

Circle your preference:    Mr.    Mrs.    Mr. & Mrs.    Ms.    Dr.    None

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Spouse’s name \_\_\_\_\_

Preferred phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_     Yes, SNMH Foundation may contact me by email with updates and information.

I’d like my name to read as follows: \_\_\_\_\_     I prefer that my gift remain anonymous.

### Give in Memory or in Honor of a special person in your life:

This donation is made in Memory/Honor of: \_\_\_\_\_

Send acknowledgement to (name and address): \_\_\_\_\_

If your company has a matching gift program, you can increase your support by submitting your employee form on behalf of Sierra Nevada Memorial Hospital Foundation

**We are proud to serve our community and appreciate your support!**

*Sierra Nevada Memorial Hospital Foundation is a 501©(3) nonprofit corporation. Gifts are tax-deductible to the extent provided by law.*