

Gift Form

EMPLOYEE INFORMATION	NAME (PLEASE PRINT YOUR NAME AS YOU WOULD LIKE IT RECOGNIZED IN OUR PRINTED MATERIALS IF NOT ANONYMOUS)																
	ADDRESS (CITY/STATE/ZIP)																
	HOME PHONE	HOME EMAIL ADDRESS															
	CELL PHONE	WORK EMAIL ADDRESS															
GIFT	I WILL DONATE THE AMOUNT OF \$ _____																
	<input type="checkbox"/> CHECK ENCLOSED (MADE PAYABLE TO MARQUETTE GENERAL FOUNDATION)																
PAYMENT INFORMATION	<input type="checkbox"/> PLEASE CHARGE MY CREDIT CARD																
	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	_____ CREDIT CARD NUMBER _____ EXP. DATE _____ SECURITY CODE _____ SIGNATURE AUTHORIZING CHARGE _____ DATE															
	<input type="checkbox"/> MY GIFT IS A PLEDGE (PAYABLE OVER A TERM OF MONTHS/YEARS)																
	<input type="checkbox"/> PLEASE CONTACT ME AT THE PHONE NUMBER LISTED ABOVE TO MAKE PAYMENT ARRANGEMENTS																
SPECIAL INSTRUCTIONS	GIFT DESIGNATION																
	<table style="width:100%; border: none;"> <tr> <td style="width:33%;"><input type="checkbox"/> ACCELERATING THE FUTURE CAPITAL CAMPAIGN</td> <td style="width:33%;"><input type="checkbox"/> BEHAVIORAL HEALTH</td> <td style="width:33%;"><input type="checkbox"/> HEART INSTITUTE</td> <td style="width:33%;"><input type="checkbox"/> NURSING EDUCATION</td> </tr> <tr> <td><input type="checkbox"/> THE AREA OF GREATEST NEED</td> <td><input type="checkbox"/> BRAIN TUMOR CENTER</td> <td><input type="checkbox"/> HEMODIALYSIS</td> <td><input type="checkbox"/> REHABILITATION CENTER</td> </tr> <tr> <td><input type="checkbox"/> EMPLOYEE HELPING HANDS FUND</td> <td><input type="checkbox"/> CANCER CENTER</td> <td><input type="checkbox"/> HOME HEALTH & HOSPICE</td> <td><input type="checkbox"/> WOMEN'S & CHILDREN'S CENTER</td> </tr> <tr> <td></td> <td><input type="checkbox"/> ED/TRAUMA/EMS <small>(CIRCLE ONE)</small></td> <td><input type="checkbox"/> HOSPITALITY PROGRAM</td> <td></td> </tr> </table>		<input type="checkbox"/> ACCELERATING THE FUTURE CAPITAL CAMPAIGN	<input type="checkbox"/> BEHAVIORAL HEALTH	<input type="checkbox"/> HEART INSTITUTE	<input type="checkbox"/> NURSING EDUCATION	<input type="checkbox"/> THE AREA OF GREATEST NEED	<input type="checkbox"/> BRAIN TUMOR CENTER	<input type="checkbox"/> HEMODIALYSIS	<input type="checkbox"/> REHABILITATION CENTER	<input type="checkbox"/> EMPLOYEE HELPING HANDS FUND	<input type="checkbox"/> CANCER CENTER	<input type="checkbox"/> HOME HEALTH & HOSPICE	<input type="checkbox"/> WOMEN'S & CHILDREN'S CENTER		<input type="checkbox"/> ED/TRAUMA/EMS <small>(CIRCLE ONE)</small>	<input type="checkbox"/> HOSPITALITY PROGRAM
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HONORARIUMS/MEMORIALS																	
<input type="checkbox"/> IN HONOR OF _____ <input type="checkbox"/> IN MEMORY OF _____ <input type="checkbox"/> NEITHER																	
IF YOU WISH TO NOTIFY SOMEONE OF AN HONORARIUM/MEMORIAL GIFT, PLEASE INDICATE THE NAME AND ADDRESS BELOW. NAME _____ ADDRESS _____ CITY/ST/ZIP _____ <small>THE AMOUNT OF YOUR GIFT WILL NOT BE REVEALED.</small>																	
ANONYMITY																	
<input type="checkbox"/> I WOULD LIKE MY GIFT TO REMAIN ANONYMOUS																	
ADDITIONAL INFORMATION																	
<input type="checkbox"/> I WOULD LIKE THE FOUNDATION TO CALL ME REGARDING ESTATE PLANNING, WILLS AND TRUSTS																	
SIGNATURE	SIGNATURE _____ DATE _____																
	I WOULD PREFER TO RECEIVE FOUNDATION WRITTEN MATERIALS BY: <input type="checkbox"/> MAIL OR <input type="checkbox"/> EMAIL																
	FORWARD TO MARQUETTE GENERAL FOUNDATION BY MAIL OR BY FAX 225-6916. FOR MORE INFORMATION OR QUESTIONS, CALL 225-6914. <small>GIFTS TO MARQUETTE GENERAL FOUNDATION ARE TAX DEDUCTIBLE TO THE EXTENT PERMITTED BY LAW</small>																