

DONOR 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 \$ _____
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PAYMENT INFORMATION	<input type="checkbox"/> CHECK ENCLOSED (MADE PAYABLE TO MARQUETTE GENERAL FOUNDATION)		
	<input type="checkbox"/> PLEASE CHARGE MY CREDIT CARD		
	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	_____ CREDIT CARD NUMBER _____ _____ SIGNATURE AUTHORIZING CHARGE	_____ EXP. DATE _____ SECURITY CODE _____ 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			

GIFT DESIGNATION	<input type="checkbox"/> ACCELERATING THE FUTURE CAPITAL CAMPAIGN <input type="checkbox"/> THE AREA OF GREATEST NEED <input type="checkbox"/> EMPLOYEE HELPING HANDS FUND	<input type="checkbox"/> BEHAVIORAL HEALTH <input type="checkbox"/> BRAIN TUMOR CENTER <input type="checkbox"/> CANCER CENTER <input type="checkbox"/> ED/TRAUMA/EMS <small>(CIRCLE ONE)</small>	OR AN ESTABLISHED FUND: <input type="checkbox"/> HEART INSTITUTE <input type="checkbox"/> HEMODIALYSIS <input type="checkbox"/> HOME HEALTH & HOSPICE <input type="checkbox"/> HOSPITALITY PROGRAM	<input type="checkbox"/> NURSING EDUCATION <input type="checkbox"/> REHABILITATION CENTER <input type="checkbox"/> WOMEN'S & CHILDREN'S CENTER
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SPECIAL INSTRUCTIONS	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>
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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
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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>