



**Saint John's  
Health Center**

**Foundation  
Gift Form**

---

---

Yes! I want to help Saint John's Health Center.

**1. Please print clearly and enter the following information:**

Mr.  Mrs.  Ms.  Dr.  Mr. and Mrs.  Dr. and Mrs.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

---

**2. Enclosed is my gift of \$\_\_\_\_\_ (Make checks to Saint John's Health Center Foundation)**

Please charge my:  Visa  Master Card  American Express

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

I would prefer that my gift remains anonymous

---

**3. Please use my gift to support Saint John's:**

Where the Need is Greatest

Other \_\_\_\_\_

Please contact me to discuss how I can include Saint John's in my Estate Plan

My gift is in honor of/in memory (please circle one) of: \_\_\_\_\_

Please send a card to: Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

---

**4. Print this gift form and mail or fax to:**  
Saint John's Health Center Foundation  
2121 Santa Monica Boulevard  
Santa Monica, CA 90404-2303  
Phone: 310-829-8424 FAX: 310-315-6167

*\*Your contribution is tax-deductible to  
the extent allowed by law.*