

Make a Gift!

Please apply this gift to the following:

- Women's Breast & Imaging Center
- Cardiac Services
- Neonatal Intensive Care Unit
- Area of greatest need
- Cancer Care

- Please send me information on Annual Giving Memberships.
- Please send me information on Charitable Estate Planning options.
- Please contact me about Trust opportunities that can **pay me income for life** and/or reduce my taxes.
- I would like more information about gifts of stock and/or real estate.



This gift is from: *(Please Print)*

NAME

ADDRESS

CITY, STATE, ZIP This is a new address

PHONE EMAIL

My gift is in: memory of honor of appreciation of

NAME

Please acknowledge this gift to:

NAME

ADDRESS

CITY, STATE, ZIP

Check here if acknowledgement is not necessary

Check enclosed, payable to
San Antonio Hospital Foundation (SAHF)

Please charge my: Visa MC AMEX

AMOUNT

CARD HOLDER NAME

ACCOUNT #

EXPIRATION DATE CVV CODE

SIGNATURE

San Antonio Hospital Foundation is a registered 501 (c) (3) charity.
Tax ID# 33-0042666.

Please return completed form to:
San Antonio Hospital Foundation
999 San Bernardino Road
Upland, CA 91786

San Antonio Regional Hospital | Eastvale San Antonio Medical Plaza
Rancho San Antonio Medical Plaza | Sierra San Antonio Medical Plaza

If you do not wish to receive information about the hospital, healthcare issues, and opportunities to support the hospital,
please send an email to SCastro2@SARH.org or call 909.920.4962.

Thank You!

