

# 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 SAHF@SARH.org or call 909.920.4962.

*Thank You!*

