

Make a Gift!

Please apply this gift to the following:

- Maternity Unit
- Neonatal Intensive Care (NICU)
- Women's Breast & Imaging Center
- Cancer Care
- Cardiac Services
- Area of greatest need
- Other _____

- 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(S) _____

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(S) _____

ADDRESS _____

CITY, STATE, ZIP _____

Check here if acknowledgement is not necessary.



Please charge my:

- Visa
- Mastercard
- Discover
- AMEX

Amount: _____

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

CARD HOLDER NAME _____

ACCOUNT # _____

EXPIRATION DATE _____ CVV CODE _____

SIGNATURE _____ DATE _____

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 | The Scheu Family Building**

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

Thank You!



SAN ANTONIO HOSPITAL FOUNDATION