



Swedish Covenant Hospital Foundation

Make A Gift

It is my/our intent to make a tax-deductible gift to Swedish Covenant Hospital Foundation.

My/our gift is for a total amount of \$_____ payable by:

Check (Please make check payable to Swedish Covenant Hospital Foundation)

Credit Card: Visa Mastercard Discover American Express

Credit Card Number: _____ Exp. Date: _____

Please designate my gift to the following fund:

Unrestricted Fund

Women's Health Initiative

Cancer Center

Emergency Medicine "Helping Hands"

Nursing Education

Other: _____

Other giving options:

Please provide instructions for the transfer of securities.

I have included Swedish Covenant Hospital Foundation in my estate plans.

Printed Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Email: _____

The following is the manner in which my/our name is authorized to appear on any recognition:

I/we wish to remain anonymous.

Signature: _____ Date: _____