



**Swedish Covenant Hospital
Foundation**
A PART OF SWEDISH COVENANT HEALTH



64th Annual Benefit Gala

Saturday, October 26, 2019

Hilton Chicago

Business/Organization/Donor:

Contact Person: _____

Address: _____

City, State, Zip: _____

Phone: _____ **Email:** _____

Requested by: _____

DESCRIPTION OF ITEM OR PACKAGE (Please include specific instructions):

Restrictions: _____

Retail Value: _____

The value of your gift may be tax-deductible. If requested, a receipt will be issued by the Hospital.

Please check one of the following:

- Certificate enclosed
- Certificate to be mailed
- Certificate to be picked up on: _____
- SCH to prepare certificate

Donor Name as it will appear at the Gala: _____

For office use only:

Date received: _____ Received by: _____

Follow up Letter: _____ Receipt Sent: _____

Thank you for supporting Swedish Covenant Hospital's 2019 Gala!

Swedish Covenant Hospital Foundation is a 501(c)3 organization supporting Swedish Covenant Hospital.

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www.swedishcovenantfoundation.org