



Novato
Community
Hospital
A Sutter Health Affiliate

Community Based, Not For Profit

Gift Designation Form

Yes, I'd like to support Novato Community Hospital with my tax-deductible contribution of:

\$50 \$100 \$150 \$250 \$500 \$1,000* \$_____

Check made payable to Novato Community Hospital

Please charge my credit card (circle one): Visa MasterCard Amex

Card # _____ Exp. Date _____

Signature for credit card _____

Name _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Email _____

Please designate my gift to:

If you would like to make a gift of securities, please call (415) 492-4737 for instructions

Please send me information explaining how I can include Novato Community Hospital in my will or trust

My employer matches gifts. Please attach your matching gift form

* Donors of \$1000 or more a calendar year become members of the Novato Community Hospital Mt. Burdell Society. Members may be publicly acknowledged unless they request anonymity. Please print your name as you wish to be listed:

Please write to us if you wish to have your name removed from fundraising requests, and all reasonable efforts will be taken to do so.

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NCH Tax ID: 51-0206463
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