



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:

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**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:

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*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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