

Contribution Form

In Support of United Hospital,
I/we are pleased to make the following contribution:

Name(s) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Enclosed is my gift of: \$25 \$50 \$100 \$500 Other _____ *Make checks payable to: United Hospital Foundation*
For payment by credit card, please check one: Visa Mastercard Discover Amex

Card Number _____ Expiration Date _____

Signature _____

(Signature required for credit cards)

Please contact me/us to make a gift through a will or trust, insurance or retirement assets, or gifts that provide an income.

I/We wish this gift to be given anonymously. I/We would like to transfer securities (please call me for further instructions).

Please use my gift for:

- Operating Room Expansion Project
- Nasseff Heart Center
- Nasseff Neuroscience Center
- Birth Center
- Jesse E. Edwards Registry
- Peter J. King Emergency Care Center
- Where the need is the greatest
- Other _____

TRIBUTE GIFT

I/We _____ wish to provide a gift:

In memory or honor of _____

On the occasion of _____

Please send notice of our tribute gift to:

Name _____

Address _____

OL_UHF



**UNITED HOSPITAL
FOUNDATION**

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