

## Contribution Form

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

Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

☐ 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:

- ☐ Surgical Oncology Center of Excellence (u01242)
- ☐ Joint Replacement Center of Excellence (u01292)
- ☐ United Heart & Vascular Clinic Expansion (u02812)
- ☐ The Mother Baby Birth Center at United and Children's - St. Paul (u01362)
- ☐ United Medical Specialties Clinic Expansion Project (u12072)
- ☐ Elaine S. Larson Surgical Center (u01232)
- ☐ Nasseff Heart Center (u01662)
- ☐ Nasseff Neuroscience Center (u02842)
- ☐ United Breast Center (u01792)
- ☐ Where the need is the greatest
- ☐ Other \_\_\_\_\_

TRIBUTE GIFT

I/We \_\_\_\_\_  
wish to make a gift in ☐ memory or ☐ honor of:

On the occasion of:

Please send notice of our tribute gift to:

Name \_\_\_\_\_

Address \_\_\_\_\_

Check this box if you would like to donate to:

- ☐ Goff and Boysen Memorial and Honoring Garden (u00221)

