

Please complete this form and return with your gift.

#### Gift:

Amount \$ \_\_\_\_\_ Designation \_\_\_\_\_

Amount \$ \_\_\_\_\_ Designation \_\_\_\_\_

**Total** \$ \_\_\_\_\_  In Memory of /  In Honor of: \_\_\_\_\_

I/We would like to remain anonymous  I/We would like to be recognized as: \_\_\_\_\_

#### Method of Payment:

Cash  Check # \_\_\_\_\_  Credit Card (Made on the website: [www.honorhealthfoundation.org](http://www.honorhealthfoundation.org))

Donor Advised Fund  Stock  Wire Transfer (ACH)  Other \_\_\_\_\_

#### Preferred Method of Communication:

Select One:  Phone (accepts text messages  Yes  No)  Mail  Email

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

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

( Business  Cell  Home) \_\_\_\_\_

We respect your right to privacy and shall treat and protect your financial and other personal information as confidential materials to the extent permitted under applicable State and Federal statutes. By signing below, I/we agree to fulfill the terms of this gift commitment.

#### Completed by:

\_\_\_\_\_  
Name/Signature Date:

#### For Official Use Only:

Campaign \_\_\_\_\_ Fund \_\_\_\_\_ Appeal \_\_\_\_\_

Constituent ID \_\_\_\_\_ Soft Credit \_\_\_\_\_ Officer \_\_\_\_\_

Notes \_\_\_\_\_

*Thank you for your generous support!*

**Please return completed forms to HonorHealth Foundation at**

8125 N. Hayden Rd., Scottsdale, AZ 85258 • 480.587.5000

[www.honorhealthfoundation.org](http://www.honorhealthfoundation.org)

HonorHealth Foundation is a not-for-profit 501(c)(3) organization