



Community Hospital Foundation®

I/we would like to support excellence in local healthcare with a contribution of:

- | | | | |
|--------------------------------|--------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> \$50 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$5,000 |
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> Other: _____ |

Please use my/our gift to benefit:

- | | |
|--|--|
| <input type="checkbox"/> Area of greatest need | <input type="checkbox"/> Tyler Heart Institute |
| <input type="checkbox"/> Breast Care Center | <input type="checkbox"/> Westland House |
| <input type="checkbox"/> Comprehensive Cancer Center | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sponsored Care Program | |

Name: _____

Address: _____

City/State/Zip: _____

Phone: () _____ Email: _____

I am making my gift by:

Check (payable to Community Hospital Foundation)

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> American Express | <input type="checkbox"/> Mastercard |
| <input type="checkbox"/> Discover | <input type="checkbox"/> Visa |

Card Number: _____ Exp Date: _____

My gift will be matched by my employer: _____

Please enclose matching gift form.

This contribution is:

In memory of: _____

In honor of: _____

Please provide notification (with gift amount undisclosed) of my contribution to:

Name: _____

Address: _____

City/State/Zip: _____

I would like to receive information about:

- | | |
|---|--|
| <input type="checkbox"/> A tour of Community Hospital | <input type="checkbox"/> Monthly Giving |
| <input type="checkbox"/> Bequests and other planned gifts | <input type="checkbox"/> Becoming a hospital volunteer |

Please send form to:
Community Hospital Foundation
Post Office Box HH
Monterey, CA 93942

For additional information, call the Development Office, (831) 625-4506.