



Corporate Office | P.O. Box 1200, Santa Barbara, CA 93102-1200

# YES! I want to contribute to the good health of my community!

Please accept my gift of:  \$5,000  \$2,500  \$1,000  \$500  \$250  \$100  Other \$ \_\_\_\_\_

I have included Sansum Clinic in my Estate Plan

### I would like my gift to support

- Where the need is greatest
- Lovelace Fund for Medical Excellence
- Community Education Programs
- Diagnostic Services for those without health insurance
- Facility Improvement Program
- McNamara Education Fund
- New Medical Technology
- Palliative Care Program
- Research and Clinical Trials
- Ridley-Tree Cancer Center
- Scholarships for Nursing Students
- Visiting Professor of Surgery Education Program
- Women's Health Initiative
- Other \_\_\_\_\_

### Please send me information regarding

- How to include Sansum Clinic in my Estate Plan
- How to make a Gift of Stock
- Other \_\_\_\_\_

My gift is in honor/memory of \_\_\_\_\_

Please send notice of this gift to (name and address) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please charge my credit card  Visa  MasterCard  American Express  Discover

Name as it appears on card \_\_\_\_\_

Credit card # \_\_\_\_\_ CSC\* \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

\*3 digit number on back of card

I have enclosed a check payable to Sansum Clinic

I have enclosed my employer's matching gift form

Matching Gift Company:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Your gift is tax deductible to the full extent of the law.**

Thank you for your support!