

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

Please accept my gift of: \square \$5,000 \square \$2,500 \square \$	\$1,000 □ \$500 □ \$250 □	\$100 Other \$	
☐ I have include	ed Sansum Clinic in my Estate	Plan	
I would like my gift to support	Please send me information	on regarding	
 □ Where the need is greatest □ Lovelace Fund for Medical Excellence □ Camp Wheez for Kids with Asthma □ Community Education Programs □ Diagnostic Services for those unable to pay □ Dr. Erno S. Daniel Legacy Fund □ 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 		-	
My gift is in honor/memory of			
Please send notice of this gift to (name and address)_			
NameAddress		☐ I have enclosed a check payable to Sansum Clinic	
	State Zip		
PhoneEma	·	matching gift form	
Please charge my credit card □ Visa □ MasterCard	☐ American Express ☐ Discover	Matching Gift Company:	
Name as it appears on card			
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Thank you for your support!