

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 Plans

I would like my gift to support:

- Where the need is greatest
- Education Programs
- New Medical Technology
- Facility Enhancements
- Camp Wheez for Kids with Asthma
- Flu shots for those unable to pay
- Mammograms for those unable to pay
- Visiting Professor of Surgery Endowment Fund
- Scholarships for Nursing Students
- Other _____

Please send me information regarding:

- Including Sansum Clinic in my Will or Estate Plans
- Making 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 number _____ Exp. Date _____

Signature _____

- 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!