Sutter Health
Sacramento Sierra Region
With You. For Life.

Thank you for helping us to save and change lives.

If you would like to make a gift, please complete the information below and mail or fax this form to our office at the address below. Your gift stays local to your community. Thank you for your support.

Gift Information

Enclosed is my gift of ☐ $25 ☐ $50 ☐ $100 ☐ $250
☐ Other $_____

Gift Designation

Please choose where to direct your gift. You may also designate a specific area. If you do not designate your gift, it will go towards the area of greatest need.

Direct my gift to:

☐ **Sutter Amador Hospital Foundation** ☐ Greatest Need
☐ Building & Equipment ☐ Diagnostic Imaging
☐ Emergency ☐ Women's Services ☐ Pediatrics

☐ **Sutter Auburn Faith Hospital Foundation** ☐ Greatest Need
☐ Building & Equipment ☐ Cancer Care
☐ Critical Care ☐ Emergency ☐ Hospice

☐ **Sutter Davis Hospital Foundation** ☐ Greatest Need
☐ Birthing Center ☐ Emergency Department
☐ Surgery Center ☐ Vital Signs

☐ **Sutter Medical Center Foundation** ☐ Greatest Need
☐ Cancer Care ☐ Cardiac Care
☐ Children's Services ☐ Neuroscience
☐ Women's Services ☐ Expansion Project

☐ **Sutter Roseville Medical Center Foundation** ☐ Greatest Need
☐ Breast Health Center ☐ Family Birth Center
☐ Surgical Services ☐ Sutter Rehabilitation Institute

☐ **Sutter Solano Charitable Foundation** ☐ Greatest Need
☐ Cancer Programs ☐ Orthopedics
☐ Zimmerman Patient Care Fund

☐ **Sutter Medical Foundation, Yuba City** ☐ Greatest Need
☐ Cardiology ☐ Children's Bereavement
☐ Hospice ☐ Urgent Care

Check and Credit Card Options

☐ *My check is enclosed. (Make check payable to the Foundation where you directed your gift.)*

Please charge my: ☐ VISA ☐ MasterCard ☐ AmEx

NAME ON CREDIT CARD

CARD #

SECURITY CODE EXP. DATE

SIGNATURE

My Information

NAME

ADDRESS CITY / ZIP

PHONE

E-MAIL

Tribute Information *(optional)*:

My gift is made: ☐ In memory of ☐ In honor of

NAME

Please notify:

NAME

ADDRESS CITY / ZIP

Please mail or fax this form to:

SHSSR Philanthropy Office
2800 L Street, Suite 620, Sacramento, CA 95816
FAX (916) 733-8972

Questions? Call (916) 733-3863. The amount of your gift is confidential. All gifts are tax deductible.

We are grateful for the support we receive from our friends in the community. If you prefer not to receive fund raising information from us, please call us at (916) 733-3863, or e-mail us at shssrphil@sutterhealth.org and we will remove your name from our list. Please allow at least four weeks to process your request.

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