

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
- Community Education Programs
- New Medical Technology
- Facility Improvement Program
- New Cancer Center Building
- Oncology Programs and Services
- Camp Wheez for Kids with Asthma
- Diagnostic Services for those unable to pay
- Scholarships for Nursing Students
- Visiting Professor of Surgery Education Program
- Research and Clinical Trials
- Lovelace Fund for Medical Excellence
- McNamara Education Fund
- Dr. Erno S. Daniel Legacy Fund
- 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 _____

I have enclosed a check payable to Sansum Clinic

I have enclosed my employer's matching gift form

Matching Gift Company:

*3 digit number on back of card

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

Thank you for your support!