



Donation Fax-in Form

To: St. John's Healthcare Foundation • Fax: (805) 981-4450 • Tel.: (805) 988-2868

Name of Donor: _____

Co. Name / Title (if applicable): _____

Address of Donor: _____

City, State, Zip: _____

Telephone No.: _____

I would like to make my gift with:

___ The enclosed cash/check (made payable to St. John's Healthcare Foundation).

___ The following credit card: ___ Visa ___ MasterCard ___ Discover ___ Amex

Credit Card # _____ Expiration _____

My signature _____

Please use my gift for:

___ Area of greatest need

___ Specific support of _____

Tribute Gifts

If you are making this gift in honor or memory of someone, please complete the following:

This gift is:

___ In honor of _____

___ In memory of: _____

Please notify: Name

Relationship to honoree:

Address: _____

City, State, Zip: _____

Thank You!

A letter of acknowledgement will be sent from St. John's Healthcare Foundation to the donor address listed above.

Your Support Means The World To Us

