St. John's Healthcare Foundation
A Dignity Health Member

IRA Distribution Donation Form

St. John's Healthcare Foundation
1600 N. Rose Avenue
Oxnard, CA 93030
Phone: 805-988-2868 / Fax: 805-981-4450

Your name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Designation: _____

Donation Amount: $ _____

I/We prefer to pay via ○ Check ○ Wire Transfer (FED Wire payment only)

Please make IRA distribution checks payable to: **Dignity Health St. John's Hospitals**

FED Wire Information:

Bank Name:	Bank of America
Bank Address:	555 California Street, 10th Floor
Bank Location:	San Francisco, CA 94104
Bank ABA / Routing #:	026009593 (for domestic wire)
Bank Account #:	1489302000
Payee Name:	Dignity Health
Payee Address:	185 Berry Street, Suite 300, San Francisco, CA 94107
Reference:	4040

The following is the manner in which my/our name(s) is authorized to appear on my official/public recognition by the Foundation:

(Please type or print) _____

And list my/our gifts: ○ In Memory of: _____

○ In Honor of: _____

Please send a letter to: ○ Address: _____

_____

○ Please don't list my/our name as I/We wish to remain anonymous.

Please send completed form to:
St. John's Healthcare Foundation
1600 North Rose Avenue
Oxnard, CA 93030
FoundationSJHF@DignityHealth.org

Federal Tax ID: 20-2865781