



SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

Supporting the Heart of Our City

Donation Form

Yes, I want to help Zuckerberg San Francisco General Hospital and Trauma Center deliver the very best care to all!

I would like to make a **one-time gift** of:

\$25 \$50 \$100 \$500 **\$1,000**  Other \$ _____

I would like to join the **Heartbeat Club** and make **monthly gifts** of:

\$10 15 \$25 \$50 \$100 Other \$ _____

Name _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Payment Method: My check made payable to **San Francisco General Hospital Foundation** is enclosed.

Please charge my AmEx MasterCard Visa

Credit Card Number _____ Exp. Date _____

 Donors of \$1,000 or more become valued members of our **HEART CIRCLE**.

Please make my gift a tribute in honor of: in memory of:

Message: _____

Please send notification of my gift to: _____

Name _____

Address _____

City _____ State _____ Zip _____

I will work with my employer, _____, to match my gift.

I am a grateful patient and I'd love to share my story. Please contact me.

I have included SFGH Foundation in my will or trust.

I would consider including SFGH Foundation in my will or trust. Please send me information.

I am a Zuckerberg San Francisco General employee.

Please do not trade my name with other charitable organizations.

Please mail your completed form to: **SFGH Foundation, PO Box 410836, San Francisco, CA 94141-0836**

You can also make your gift online at **SFGHF.org/donate** or call us at **628.206.4478**.

Thank you!