

**Yes! I want to be a part of Utah Valley Healthcare Foundation's work to enhance the quality of patient care in our local hospitals.**

☐ \$200   ☐ \$100   ☐ \$50   ☐ \$25   ☐ Other \$ \_\_\_\_\_

☐ Check enclosed (please make check payable to: Utah Valley Healthcare Foundation)

☐ I wish to donate by credit card:   ☐ Visa   ☐ MasterCard   ☐ AmericanExpress

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

☐ I am interested in learning how to increase my income and decrease my taxes through charitable estate planning.

☐ I have included Utah Valley Healthcare Foundation in my estate plan.

☐ My employer has a matching gift program. I have enclosed the completed form from my employer.

***This gift is from:***

My Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Business Phone: (     ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

***This gift is:***

☐ In memory of   ☐ In honor of   Name: \_\_\_\_\_

Please send a gift card to (*amount of gift will not be included*):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please use my donation to support:**

☐ Area of Greatest Need

☐ Charity Care

☐ Newborn Intensive Care Services (NICU)

☐ Pediatrics

☐ Heart Services

☐ Cancer Services

☐ Emergency / Trauma

☐ Intensive Care Unit (ICU)

☐ Other \_\_\_\_\_

**Did you know you can make your gift online?**

Visit [www.utahvalleygiving.org](http://www.utahvalleygiving.org), select "How You Can Help" in the left column and click on "Online Donation Form" to make your gift TODAY!

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Privacy Statement: The Utah Valley Healthcare Foundation does not sell, rent or trade your information with organizations not affiliated with the Foundation.

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