

Mail-in Donor Gift Form (updated 01.21.15)

Thank you for your generosity that allows us to continue our shared mission. If you have questions about making a gift, please contact HealthEast Foundation at **651-232-4990**.

Please complete this form and send it with your check or credit card information to:

**HealthEast Foundation
1690 University Ave. West, Suite 250
St. Paul, MN 55104**

Donor Information:

Your name (please print)

Home Phone

Home Address, City, State, Zip

Date: _____

Amount of Gift: \$ _____

Designation:

- Ann Schrader Nursing Innovation
- Bethesda Hospital
- Cancer Care
- Caring Hearts for the Homeless
- Clinics
- HealthEast Greatest Need
- HealthEast Cancer Center at Woodwinds Campus
- HealthEast Pillars
- Heart Care

- Hospice Care
- Kidney Stone Institute
- Passport
- Physician Giving Circle
- Pillars Patient Assistance
- Spiritual Care
- St. John's Hospital
- St. Joseph's Hospital
- Woodwinds Health Campus

My gift is: in honor of (or) memory of: _____

For memorial gifts, please send a card to (gift amount will remain confidential):

Name (please print)

Address, City, State, Zip

My name to appear on card

Payment Information (if using a credit card)

Card type: Visa; American Express; Discover; MasterCard

Cardholder name: _____

Credit card number: _____ Expiration date: _____

Card security code: _____

Thank you for your gift! Please contact us if you would like information about including HealthEast Foundation in your estate planning.