

Bonner General Hospital Foundation Gift Form



Date: _____

Gift Amount: \$ _____

DONOR INFORMATION:

Title (please circle): Dr. Mr. Mrs. Ms.

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail (optional): _____

Okay to list me as a donor Yes No

PLEASE USE MY GIFT FOR:

- Area of greatest need
- Surgical equipment fund
- Other (specify): _____

PAYMENT INFORMATION:

- Enclosed is a check payable to *Bonner General Hospital Foundation*.
 - Please charge my credit card Visa MasterCard Discover
- Card number: _____ Exp.: _____ Security # (3 or 4 digits): _____
- Name on card: _____
- Signature: _____

TRIBUTE GIFT INFORMATION (please check one, if applicable):

- In memory of: _____
- In honor of: _____

Please send a letter informing the following of my gift (gift amount will not be included in message):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship of letter recipient to the honoree/deceased: _____

Please mail your completed form and check, if applicable, to:

Bonner General Hospital Foundation, P.O. Box 1448, Sandpoint, ID 83864

For more information call Tarah Neujahr at tarah.neujahr@bonnergeneral.org or (208) 265-3390