

CONTACT INFORMATION

Donor(s) Name

Organization

Address

City

State

Zip Code

Phone

Email

GIFT INFORMATION

Description

Estimated Value

Determined By

\$

Estimated Value: Please attach documentation for the value above.**ACKNOWLEDGMENT**

Please use the following name(s) in all acknowledgment and recognition materials:

Examples: Mr. and Mrs. John Williams – Mary and John Williams – The John Williams Family

I/We wish to remain anonymous

Your gift today helps transform healthcare and improve well-being for our entire community. **Thank you!****Completed by**

Printed Name

Printed Name

Signature

Date

Signature

Date

FOR OFFICIAL USE ONLY

Officer

Note

*Finding Cures. Saving Lives. Transforming Healthcare.*8125 N. Hayden Road | Scottsdale, AZ 85258 | 480-587-5000 | HonorHealthFoundation.org