

BOLINGBROOK HOSPITAL FOUNDATION



THE POWER OF MY GIFT

500 Remington Boulevard
Bolingbrook, Illinois 60440
www.bolingbrookhospitalfoundation.org

CONTRIBUTOR INFORMATION *(Your personal information is kept confidential)*

First Name _____ MI _____ Last Name _____

Street Address _____ City _____ State _____ Zip _____

Telephone Numbers: Home _____ Work _____

E-mail Address _____

I would prefer that this contribution and/or my name be kept confidential. Thanks!

GIFTS

A One-Time Gift, In the Amount of: *(please circle)*

\$2,500 \$1,000 \$500 \$250 \$100 \$50 Other \$ _____

A Repeating Gift, as follows:

A sum of \$ _____ Once every: Month Quarter Year Amounting to a Total of \$ _____

METHOD OF PAYMENT

Check enclosed. Please make checks payable to Bolingbrook Hospital Foundation.

Please bill my credit card:

Card type: Visa MasterCard Amex

Account number _____ V-Code _____ Expiration Date _____

Print name as you wish to be recognized as a donor: _____

- Contributions to Adventist Bolingbrook Hospital are deemed charitable and are tax-deductible as specified in IRS regulations.
- If you wish to have your name removed from the list of those receiving communications to raise funds to support Adventist Bolingbrook Hospital, please contact us at the address above.

Questions? Contact the Foundation at (630) 312-6000 or by email to derek.cazeau@ahss.org

Please mail completed form to:

Bolingbrook Hospital Foundation, 500 Remington Blvd., Bolingbrook, IL 60440

Thank you for your gift to support Adventist Bolingbrook Hospital