



Donation Form

Please submit this form with your donation.

Please complete this form in its entirety and return to:

Office of Philanthropy | St. Joseph's Hospital and Medical Center
 350 W. Thomas Road, Phoenix, AZ 85013

Questions: (602) 406-3041

Fax: (602) 406-1075

I/we would like to help the work of St. Joseph's Hospital and Medical Center with a gift of \$ _____
 to (please select one):

Barrow Neurological Foundation
 St. Joseph's Foundation
 The Congenital Heart Foundation
 Company (if applicable): _____

Name: _____ Title (if applicable): _____

Address: _____

City, State, Zip: _____

Email: _____ Telephone: _____

Please use my gift for: Area of greatest need
 Specific support of: _____

(If you are making this gift in honor or memory of someone, please complete the following:)

This gift is: in honor of: _____

in memory of: _____

Please notify the following person that a gift was made:

Name: _____

Relationship to honoree: _____

Address: _____

City, State, Zip: _____

I would like to make my gift with:

The enclosed cash/check (made payable to The Office of Philanthropy).

The following credit card: Visa Mastercard Discover Amex

Billing address: _____

My signature: _____

Credit Card #: _____ Expiration: _____ CCV _____

Thank You!

*A letter of acknowledgement will be sent from the Foundations to the above address.
 The Foundations are 501(c)(3) organizations. Contributions are tax deductible as allowed by law.*