ST JOHN PROVIDENCE HEALTH SYSTEM FOUNDATIONS

Mail/Fax Donation Form

Enclosed is my contribution of $______________________ ***(Please make checks payable to SJPHS Foundations)***

You may select the hospital, entity and/or area that you wish your gift to be directed. **If no hospital, entity or area is selected, gift will go toward area of greatest need**.

Please direct my gift to the following hospital or entity (optional):

- ☐ Brighton Hospital
- ☐ Providence Hospital
- ☐ Providence Park Hospital (Novi)
- ☐ St. John Hospital and Medical Center
- ☐ St. John Macomb-Oakland Hospital
- ☐ St. John River District Hospital
- ☐ Eastwood Clinics
- ☐ Holley Institute
- ☐ Hospice
- ☐ Senior Services

Please direct my gift to the following area (optional):

- ☐ Behavioral Medicine
- ☐ Cancer Program (specify Pediatric or Adult program in "Other" box below)
- ☐ Community Health
- ☐ Heart Program
- ☐ Infant Mortality Program
- ☐ Kids on the Go
- ☐ Other: Restrict my gift to the following department or purpose (provide as much detail as possible):
- ☐ Neurosciences
- ☐ Palliative Care
- ☐ Pediatrics
- ☐ Women's Health Services
- ☐ Area of Greatest Need

Your Name: ______________________

Address: ______________________

City/State: ______________________ Zip Code ____________

Email: ______________________

Phone: ______________________

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This gift is:

☐ In memory of: ______________________

☐ In tribute to: ______________________

Please notify (name): ______________________

Relationship (i.e., spouse, child, etc.) ______________________

Address: ______________________

City/State: ______________________ Zip Code ____________

Please charge my credit card: ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Account # (Include 3-digit security # from back of card): ______________________ Exp. Date: ____________

Name of Card Holder: ______________________

Signature: ______________________ Date: ____________

St. John Providence Health System Foundations coordinates private support for St. John Providence Health System member institutions and their programs. Because the Foundation is a 501(c)(3) organization, your contribution may be tax-deductible. Consult with your tax advisor. For more information on giving opportunities, please call 313-343-7480.

Please print form and mail or fax.

Mail to: St. John Providence Health System Foundations or Fax to: 313-343-7487
P.O. Box 673271
Detroit, Michigan 48267-3271

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