

## Thank you for choosing to give.

Your gift of gratitude for outstanding care benefits our patients. Your support provides hope to our patients and confirmation that their choice of UC Health is the right one. We greatly appreciate your gift. Thank you!

### Donor Information

Title: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender:  Female  Male

Email: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Is your gift in memory or honor of someone?

In Honor Of  In Memory Of

Name of person being honored or memorialized: \_\_\_\_\_

Who should we notify of your honor / memorial gift: \_\_\_\_\_

### Payment Information

Enclosed is my check for: \_\_\_\_\_

Please charge my credit card in the amount of: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

CVV Number: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit Card Expiration: \_\_\_\_\_

### Billing Information

Billing information is the same as the contact information

If not please fill out the information below:

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Province: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

### Gift Designation

Please use my gift to support:

- Area of Greatest Need**
- Daniel Drake Center** - Area of Greatest Need
- UC Medical Center** - Area of Greatest Need
- UC Medical Center** - Air Care / Mobile Care
- UC Medical Center** - Cancer Patient Care and Support
- UC Medical Center** - Cancer Research and Education
- UC Medical Center** - Hank Roy Fund for Head & Neck Cancer
- UC Medical Center** - Neonatal Intensive Care/Tiny Hearts
- UC Medical Center** - Burn Center
- UC Medical Center** - Professional Development Fund
- West Chester Hospital** - Area of Greatest Need
- West Chester Hospital** - Maternity Services
- UC Health** - Center for Integrative Health and Wellness/ Integrative Medicine
- UC Health** - Mobile Mammography Community Outreach
- UC Health** - Women's Center
- UC Cancer Institute** - Lung Cancer Screening Discretionary Fund
- UC Cancer Institute** - Lung Cancer Patient Screening Fund
- UC Heart, Lung & Vascular Institute**
- UC Diabetes and Metabolic Disease Institute**
- UC Neuroscience Institute**

UC Health Foundation |  UC Health.

Please mail this form to:

**UC Health Foundation**

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Cincinnati, OH 45229

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