

# 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: \_\_\_\_\_

## 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: \_\_\_\_\_

As a 501(c)(3) non-profit, your contribution to UC Health Foundation is tax deductible to the extent provided by law.

## Gift Designation

Please use my gift to support:

**UC Health** - Area of Greatest Need

**Daniel Drake Center** - Area of Greatest Need

**UC Medical Center** - Area of Greatest Need

**West Chester Hospital** - Area of Greatest Need

**UC Cancer Institute** - Area of Greatest Need

**UC Heart, Lung & Vascular Institute**

**UC Gardner Neuroscience Institute**

**Other:** \_\_\_\_\_



Please mail this form to:

**UC Health Foundation**  
 UC Health Business Center  
 3200 Burnet Avenue  
 Cincinnati, OH 45229

**UCHealth.com**