



Sutter Medical Center
of Santa Rosa

Sutter Warrack
Hospital

Sutter Health Affiliates

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Santa Rosa, CA 95406
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(707) 576-4318 Fax
www.suttersantarosa.org

Please print, fill out and mail or fax this donation form to SMCSR/SWH Philanthropy Program

- Enclosed is my gift of _____
 - My check is enclosed (*payable to Sutter Medical Center of Santa Rosa*)
 - Please bill my MasterCard or Visa (*circle card*)
 - Card # _____ Exp. Date _____
 - Signature _____
- I would like to donate stocks or real estate, please contact me.
- Tell me how to include SMCSR/SWH in my will an/or trust.

I would like my gift to support:

- Area of greatest need
- Breast Care Center
- Cardiac Services
- Family Practice Center
- Neonatal Intensive Care Unit

The Gift is Given: (Optional)

- In Memory of _____
- In Honor of _____
- Please thank a specific hospital unit or individual

Donor Information: (Please Print)

Name I would prefer to remain anonymous

Address

City State Zip

Phone Number Additional Contact Number E-mail address

Send Acknowledgement To: (Optional)

Name of person I wish to inform

Address

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Thank you for your tax-deductible contribution to support Sutter Medical Center of Santa Rosa/Sutter Warrack Hospital.

The amount of your gift is confidential. Federal Tax ID #68-0374805