



## DONATION FORM

**STEP 1:** I/We would like to make a tax-deductible gift to St. Vincent Foundation in the amount of:  \$50    \$100    \$500    \$1,000    \$5,000    Other \$\_\_\_\_\_

Optional: This gift is made in  honor of  memory of Name: \_\_\_\_\_

Optional: I would like my gift to be restricted in support of: \_\_\_\_\_

### **STEP 2: Payment Information**

*Cash/Check payment options:*

- Entire gift amount of \$\_\_\_\_\_ is enclosed
- Enclosed is my gift cash/check pledge of \$\_\_\_\_\_

Please make check payable to – St. Vincent Medical Center Foundation

*Credit Card Payment Options:*

Charge my credit card with my entire donation of \$ \_\_\_\_\_.

- VISA    Mastercard    American Express    Discover

Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ 3-4 digit security code \_\_\_\_\_

*Payment of Gift of Securities:* Please contact the Foundation

### **STEP 3: Donor Contact Information**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

### **Step 4: Contacting the Foundation**

A gift can be made to St. Vincent in the following ways:

By mail: St. Vincent Foundation,  
2222 Ocean View Avenue, Ste. 114  
Los Angeles, CA 90057

By phone: (213) 484-7325      By fax:      (213) 484-5323

By email: [SVMCFoundation@dochs.org](mailto:SVMCFoundation@dochs.org)