



St. Vincent Foundation

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: _____

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,
2200 W. Third Street, Ste. 200
Los Angeles, CA 90057

By phone: (213) 484-7325

By fax: (213) 484-5323

By email: SVMCFoundation@dochs.org