

## INFORMATION

Personal  Company

Mr.  Ms.  Mrs.  Dr. \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Preferred Phone \_\_\_\_\_ Email \_\_\_\_\_

## METHOD OF PAYMENT

AS A ONE-TIME PAYMENT  IN INSTALLMENTS OVER \_\_\_\_\_ YEARS (*maximum 5 years*)

I will contribute a total of \$\_\_\_\_\_ to be paid by

**Cash/check enclosed** (made payable to the Holy Cross Health Foundation)

Invoice me  One time  Quarterly  Annually

Billing address if different from above \_\_\_\_\_

**Credit Card**  VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing address if different from above \_\_\_\_\_

## GIVING DESIGNATION

### Areas of Greatest Need

Unrestricted Giving to Holy Cross Health

New Outpatient Ambulatory Cancer Center

### Other Important Areas of Need

Community Health and Well-Being

Holy Cross Germantown Hospital President's Fund

Kevin J. Sexton Fund to Increase Access and Improve Community Health

Holy Cross Hospital Labor and Delivery Renovation

Military and Veterans Health Program (MILVET)

Mission Services

Neonatal Intensive Care Unit (NICU)

Neuroscience Program

Nursing Excellence

## SIGNATURE

SIGN \_\_\_\_\_ DATE \_\_\_\_\_

## RECOGNITION & TRIBUTE

Yes, I authorize public acknowledgment of my gift in press or publications as follows \_\_\_\_\_

No, I wish to remain anonymous.

This gift is  In honor of  In memory of  With gratitude to a caregiver

Please recognize this gift in the name of \_\_\_\_\_

I am interested in naming opportunities.

## THANK YOU

Save your completed form and email it to [Eric.Miller@HolyCrossHealth.org](mailto:Eric.Miller@HolyCrossHealth.org)

Holy Cross Health Foundation  
10720 Columbia Pike, Silver Spring, MD 20901  
Phone: 301-754-7101  
[HolyCrossHealth.org/Foundation](http://HolyCrossHealth.org/Foundation)

Your contact information will be added to our mailing list. If you would like to be removed from our mailing list, please call 301-754-7870 or mail your request to: Holy Cross Health, Privacy Official, 1500 Forest Glen Road, Silver Spring, Maryland 20910. The Holy Cross Health Foundation is a 501 (c)(3) tax-exempt charitable organization (Federal Tax ID No. 20-8428450). Your contribution is tax deductible to the extent allowed by law.