

THE  
**Your Hospital.  
Your Health.**  
CAMPAIGN

**Gift Card**

It is my/our intention to contribute \$\_\_\_\_\_ each  
(select one):  Year  Quarter  Month  
for the next five years in support of the **Your Hospital. Your Health.** campaign  
for the new Genesis medical center and related capital needs.

It is my/our intention to make the first payment in \_\_\_\_\_, 20\_\_\_\_  
(month)

May we include your name, without amount, in our list of donors?  yes  no

Signature: \_\_\_\_\_

Name of Donor: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_