



Saint Mary's Foundation

A member of CHW

Donation Form

Form may be completed on computer and printed, or printed and filled out by hand. Fax to 775-770-3545 or mail to Saint Mary's Foundation, 520 W. Sixth Street, Reno, NV 89503.

Donor Information

Name(s): _____

Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

** By providing your email address, you will receive updates regarding Saint Mary's Foundation and our programs and services.*

Gift Designation

I would like my gift to support:

- Dominican Sisters' Fund for Greatest Need
- Dental Health
- Hospice of Northern Nevada
- Immunize Nevada
- Kids to Seniors Korner
- Nell J. Redfield Health Centers
- Women, Infants and Children Program (WIC)

If you are making this gift in memory or in honor of someone, please complete the following:

In memory of: _____

In honor of: _____

Please send gift notification (amount not disclosed) to:

Name(s): _____

Address: _____

City: _____ State: _____ ZIP: _____

Method of Payment

As a partner with Saint Mary's in promoting a healthy community, please accept my/our donation of \$ _____.

- Check made payable to Saint Mary's Foundation
- Visa
- Mastercard
- American Express

Name on Card: _____ Credit Card Number: _____

Billing Address: _____

Expiration: _____ CCV: _____ Signature: _____

Or bill me: Monthly Quarterly Semiannually Annually

Thank you for your generous support!

Gifts are tax deductible to the extent provided by law. Saint Mary's Foundation is a 501(c)(3). Federal Tax ID # 88-0188386.