



Saint Mary's Foundation

A member of CHW

Please print, fill out and fax to (775) 770-3545

or mail to: Saint Mary's Foundation, 520 W. Sixth Street, Reno, NV 89503

As a partner with Saint Mary's in promoting a healthy community, I would like my gift to support:

Wherever the Need is Greatest!

Regional Medical Center

- Oncology Services
- Orthopedic Services
- Cardiovascular Services
- Neurology Services
- Nephrology Services
- Women and Children's Services
- Slight Nursing Scholarship Fund
- Dasher Scholarship Fund

Children's Services

- Endowment for Healthy Children
- Nell J. Redfield Health Centers
- Take Care-A-Van (Mobile Health Outreach)
- Project New Hope
(Restorative Surgery for the underserved youth population)

Community Programs

- Hospice of Northern Nevada
- Community Health and Wellness
- Community Senior Services
- Youth Outreach
- Charity Care

In memory of _____ or, In honor of _____

Saint Mary's periodically publishes the names of donors who contribute to our various programs.

If, however, you would like your contribution to remain anonymous, please check here:

I want to improve my community by pledging a gift of: \$ _____

Community of Caring

- Supporter \$250+
- Friend \$500+
- Partner \$1,000+
- Associate \$2,500+
- Fellow \$5,000+
- Patron \$10,000+

Payment Options

- Check enclosed
- Visa
- Mastercard
- Card # _____
- Exp. Date _____ CCV# _____
- Name on Card _____
- Billing Address _____
- City, State, Zip _____

OR BILL ME: Monthly Quarterly in installments of \$ _____

Name _____ E-mail _____

Mailing Address _____

City _____ State _____ Zip _____

Phone () _____

Please contact me about estate and planned giving opportunities.