

Renown Health Foundation Donation Form

First	MI	Last	Phone	Email
-------	----	------	-------	-------

Mailing Address	City	State	Zip
-----------------	------	-------	-----

I would like to make a gift to Renown Health Foundation in the amount of:

\$25 \$50 \$100 \$250 \$500 \$1,000 Other _____

Please make my gift recurring: Monthly Annually

I would like my gift to benefit:

(If selecting more than one fund, please indicate the amount of distribution for each fund)

- | | |
|---|---|
| <input type="checkbox"/> Greatest Need | <input type="checkbox"/> Fund for Nursing Excellence |
| <input type="checkbox"/> Healing Arts | <input type="checkbox"/> Renown Children's Hospital |
| <input type="checkbox"/> Renown Children's Hospital Endowment | <input type="checkbox"/> Renown Community Health Center |
| <input type="checkbox"/> Renown Institute for Heart & Vascular Health | <input type="checkbox"/> Renown Institute for Cancer |
| <input type="checkbox"/> Renown South Meadows | <input type="checkbox"/> Other _____ |

Options for payment:

Enclosed is my check, made payable to Renown Health Foundation

Please charge my Visa MasterCard Discover AmEx

Card Number	Expiration Date	Card Security Code or CVV
-------------	-----------------	---------------------------

Name (as it appears on card)

Signature	Date
-----------	------

Please return this completed form to: Renown Health Foundation, 1155 Mill Street (02), Reno, NV 89502

Your gift makes a genuine difference for our community and we thank you for your support!

A Lasting Gift: A memorial or honorary gift is a wonderful remembrance of someone special. If you would like to honor someone, please let us know whom, if anyone is to be notified. The amount of your gift will not be indicated in the notification.

In memory of In honor of: _____

Please send a notification letter to: _____

Name	Street Address	City, State, Zip
------	----------------	------------------

Renown Health Foundation is a non-profit organization registered with the State of Nevada and recognized by the IRS as a 501(c)(3) entity. Renown Health Foundation raises funds to support programs, equipment and research for Renown Health. Your contribution may be tax-deductible under section 170(c) of the Internal Revenue Code or may not be tax deductible. Please check with your tax advisor. Renown Health Foundation's EIN number is 942972749. For questions or more information, please visit renown.org/give or call 775-982-5545.