

**Renown Health Foundation
Mail-In Donation Form**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE:() _____ E-MAIL: _____

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

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

I would like my gift to benefit:

Area of Greatest Need Children's Miracle Network Institute for Cancer
 Institute for Heart Health Fund for Nursing Excellence Institute for Neurosciences
 Women's and Children's Services Other _____

Enclosed is my check made payable to RENOWN HEALTH FOUNDATION.
OR

Please charge my: Visa MasterCard Discover

Card Number: _____ 3-digit security code: _____

Expiration Date: _____ Signature: _____

Name (as it appears on card): _____

Please return this completed form to:

RENOWN HEALTH FOUNDATION
1155 MILL STREET (O2)
RENO, NV 89502

If you have any questions, please call Renown Health Foundation at (775) 982-5545.

Thank you for your support. 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.)

I would like my gift to be a tribute:

In memory of: OR In honor of:

Please send a notification letter to:
Name:

Street Address:

City, State, Zip:
