



Marian Medical Center

A member of CHW

Foundation Gift Form

I enclose a gift of \$ _____

In honor of In memory of

First Name Last Name

This gift is from:

Name

Address

City/State/Zip

E-mail Phone

Please send an acknowledgment of this gift to:

Name

Address

City/State/Zip

Please make checks payable to
Marian Medical Center Foundation

I prefer to use: Visa MasterCard

Card Number Exp. Date

Signature

Your tax deductible gift will be promptly acknowledged to those
you designate. The gift amount is never referenced.

Designation

*Gifts are designated for equipment and capital needs,
education programs and outreach needs, unless otherwise
noted.*

- Where the need is greatest
- Cancer Program
- Cornerstone Campaign
A gift supports Marian's new hospital
- Dieringer Family Charity Care Fund
*A gift supports programs and services for the
poor, to enhance access to healthcare
services.*
- The Donati Family Memorial
Cancer Endowment Fund
- Heart Center
*A gift supports the needs of the cardiac
surgery program, the cardiac
catheterization laboratory, the
cardiopulmonary rehabilitation program, and the
non-invasive cardiovascular services.*
- Home Care
- Hospice
- Marian Community Clinics Endowment
- Marian Hancock Endowment
- Maternity and Newborn Care Fund
Obstetrics, Birthing Center, Nursery
- New Life Program
*A gift provides for Marian New Life
crisis pregnancy support services.*
- Palliative Care
- I am interested in information about planned gifts.