



# 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
- Robotic Surgery Program
- Dieringer Family Charity Care Fund  
*A gift supports programs and services for the poor, to enhance access to healthcare services.*
- Marian 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.*
- Marian Home Care and Hospice
- Marian Community Clinics
- Marian Cancer Care Services
- Mission Hope Cancer Center  
*A comprehensive facility for cancer care through Central Coast Medical Oncology in collaboration with Marian Medical Center.*
- Margaret Beebe Nursing Scholarship Fund
- I am interested in information about planned gifts

Mail this form to:  
Marian Medical Center Foundation  
1400 E. Church Street  
Santa Maria, CA 93454

Or fax to (805) 739-3599

Please call us with any questions at (805) 739-3595.