



St. Joseph's Foundation  
 Barrow Neurological Foundation  
 The Congenital Heart Foundation  
 Members of CHW

# Donation Form

To:  
 (please select one)

St. Joseph's Foundation     Barrow Neurological Foundation     The Congenital Heart Foundation

Name: \_\_\_\_\_ Co. Name / Title (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

I would like to make my gift with:

The enclosed cash/check (made payable to The Office of Philanthropy).

The following credit card:     Visa     Mastercard     Discover     Amex

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_

My signature \_\_\_\_\_

Please use my gift for:  Area of greatest need

Specific support of \_\_\_\_\_

(If you are making this gift in honor or memory of someone, please complete the following:)

This gift is:     in honor of     in memory of: \_\_\_\_\_

Please notify: Name \_\_\_\_\_

Relationship to honoree: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

***Thank You!***

*A letter of acknowledgement will be sent from the Foundation to the above address*