



CONTRIBUTION FORM

DONOR INFORMATION

Name or Company _____

Company Contact _____

Billing Address _____

City _____

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Telephone _____

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- Please accept my donation in support of the Cancer Concierge Services program at Stanford Hospital & Clinics.

Enclosed is my gift of \$ [amount enclosed].

ACKNOWLEDGEMENT INFORMATION

Please use the following name[s] in all acknowledgments:

Name

Please make my gift

- In honor of:
 In memory of:

Name

- I prefer that my gift remain anonymous.

PAYMENT

Credit Card Visa MasterCard American Express

Credit Card Number _____

Expiration Date _____

Amount Authorized _____

Signature [Typing your name here constitutes a signature] _____

Please make checks payable to Stanford Hospital & Clinics, and mail to:

Stanford Hospital & Clinics
ATTN: Guest Services
300 Pasteur Drive, Suite H1130C
Stanford, CA 94305-5229

SPECIAL NOTES

Stanford Hospital & Clinics is a non-profit organization, Tax ID # 946174066. Please consult your tax advisor concerning the deductibility of your charitable gifts.

Please complete and return both pages. A confirmation of your sponsorship will be sent upon receipt of this form and payment information.

THANK YOU

On behalf of Stanford Hospital & Clinics, Cancer Concierge Services, and the 2007 Fore the Care Celebrity Golf Tournament and Auction committee, we thank you for your generous contribution and partnership!