Mail/Fax Donation Form
FOUNDATIONS

Enclosed is my contribution of $____________________ ***(Please make checks payable to SJP Foundations)*** Date:________________________

You may select the hospital, entity and/or area that you wish your gift to be directed. **If no hospital, entity or area is selected, gift will go toward area of greatest need.**

Please direct my gift to the following hospital or entity (optional):

- ☐ Brighton Center for Recovery
- ☐ Community Health
- ☐ Eastwood Clinics
- ☐ Holley Institute
- ☐ Hospice (Support Fund)
- ☐ Providence Hospital (Southfield)
- ☐ Providence Park Hospital (Novi)
- ☐ St. John Hospital and Medical Center
- ☐ St. John Macomb-Oakland Hospital
- ☐ St. John River District Hospital

Please direct my gift to the following area (optional):

- ☐ Behavioral Medicine
- ☐ Brighton Patient Extended Care Fund
- ☐ Cancer Program (specify Pediatric or Adult program in "Other" box below)
- ☐ Heart Program
- ☐ Infant Mortality Program
- ☐ Other: Restrict my gift to the following department or purpose (provide details in box below)
- ☐ Neurosciences
- ☐ NICU Renovation (SJH&MC)
- ☐ Palliative Care
- ☐ Pediatrics
- ☐ Pet Therapy (indicate hospital above)
- ☐ Women's Health Services
- ☐ Area of Greatest Need

Company Name: ________________________________

Your Name: ________________________________

Address: ________________________________

City/State: ______________________ Zip Code __________

Email: ________________________________

Phone: ________________________________

This gift is:

☐ In memory of: ________________________________

☐ In tribute to: ________________________________

Send card to (name): ________________________________

Relationship (i.e., spouse, child, etc.)________________________

Address: ________________________________

City/State: ______________________ Zip Code __________

Please charge my credit card: ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express Check one: ☐ Corporate Card ☐ Personal Card

Account #________________________________Security Code:__________Exp. Date: __________

Name of Card Holder:________________________ Billing Address:________________________

Signature:________________________ City/State/Zip: ________________________

St. John Providence Foundations coordinates private support for St. John Providence member institutions and their programs. Your contribution may be tax-deductible. Consult with your tax advisor. For more information on giving opportunities, please call 313-343-7480.

Please print form and mail or fax.

Mail to: St. John Providence Foundations
22101 Moross Rd., MOB Ste. 102
Detroit, Michigan 48236-2171

or

Fax to: 313-343-7487

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