



Dominican
HOSPITAL FOUNDATION

Send this form to:

E-mail dominican_donor@chw.edu

Fax: 831 462 7608

Mail: 1555 Soquel Drive
Santa Cruz, CA 95065

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

METHOD OF PAYMENT

Check VISA MasterCard

Name on card: _____ Exp. Date: _____

Card #: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____
(credit card only)

FOR MEMORIALS AND HONORARIUMS

In memory of: _____

In honor of: _____

And notify NAME: _____
(An acknowledgement will be sent in your name, no gift amount will be mentioned)

Address: _____

City: _____ State: _____ Zip Code: _____

DIRECT MY GIFT TO:

The greatest need as determined by community representatives on the Dominican Foundation Board.

Cancer Care Cardiac Care Pediatric Care

Community Health Other _____

Your donations to Dominican are a gift of good health to the entire community.