

Yes, I'd like to help the Salem Health West Valley Foundation ...

Mrs. & Mrs. Mr. Mrs. Ms. Miss Dr.

Name

Address

City

State

Zip

Phone

Please accept my gift of: \$250 \$100 \$50 \$25 Other \$ _____

Check enclosed, payable to Salem Health West Valley Foundation

Charge to my: Visa MasterCard American Express Discover

Card Number

Expiration Date

CVC #

Card Holder Signature

Please direct my gift toward:

Connections Van Building & Equipment Emergency & Outpatient Medicine
 Scholarships Where Need Is Greatest Other _____

My gift is a tribute: In Memory of In Honor of

Name

Name of Person to Notify of My Gift

Address

City

State

Zip

Send me information about how I can include the Salem Health West Valley Foundation in my estate plans.