

# St. Vincent Charity Development Foundation Donation Form

## Donor Information

This gift is from an:  Individual  Organization  Do not include me on public lists of donors  
Organization: \_\_\_\_\_ Title (Mr./Mrs./Ms./Dr.): \_\_\_\_\_  
First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email/Phone (optional): \_\_\_\_\_

## Gift Information

This is a:  One-time gift  Recurring gift (*Please fill in the shaded recurring gift payment schedule area*)

Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Payment Date: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> day of the month
Start date: _____	Pick <input type="checkbox"/> End Date: _____
one: <input type="checkbox"/> Continue payments until I instruct otherwise	

Amount:  \$25  \$50  \$100  Other: \_\_\_\_\_

Payment Method:  I am enclosing a check or money order payable to St. Vincent Charity Development Foundation  
 Charge my credit card  Visa  MasterCard  Discover  American Express

Cardholder Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_  
Signature: \_\_\_\_\_ Security Code: \_\_\_\_\_

## Designation (optional)

*To split a gift between multiple designations, indicate the amount or percent for each designation.*

\_\_\_\_\_ Hospital's area of greatest need  
\_\_\_\_\_ Spine & Orthopedic Institute  
\_\_\_\_\_ Behavioral Health  
\_\_\_\_\_ Rosary Hall  
\_\_\_\_\_ Bariatric Surgery Center

## Tribute (optional)

This gift is  In honor of  In memory of \_\_\_\_\_  
Party to notify of tribute gift: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Thank you for your support of St. Vincent Charity Medical Center!*

**Mail this form along with your payment to:**  
St. Vincent Charity Development Foundation  
PO Box 932020, Cleveland, OH, 44193



**ST. VINCENT CHARITY  
DEVELOPMENT FOUNDATION**

*A Ministry of the Sisters of Charity Health System*