



GIFT DETAILS

One-time Donation		Recurring Donation		
\$50	\$100	\$250	\$500	Other Amount \$

BILLING INFORMATION

First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Email	Phone	
<input type="text"/>	<input type="text"/>	
Street Address		
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

TRIBUTE INFORMATION (Please indicate if you would like to dedicate your gift)

Memorial	Honorarium	Tribute Name	<input type="text"/>
I would like someone to receive communication about this gift			
Recipient First Name		Recipient Last Name	
<input type="text"/>		<input type="text"/>	
Recipient Street Address			
<input type="text"/>			
City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

FUND DESIGNATION

- | | |
|---------------------------------------|---|
| BHSU Allied Health Alumni Scholarship | Matthew Hindman Memorial Pediatric Patient Assistance |
| BHSU General Fund | NICU |
| BHSU Nursing Alumni Scholarship | Operation Outreach |
| Cancer Center | Pastoral Care |
| Centers for Good Grief | Patient Assistance |
| Employee Emergency Assistance | Reynolds Hospice House |
| Friends of Nursing | Women's Health Center |
| Greatest Need | Specific Hospital (Please Specify) |
| Heart Institute | OTHER (Please Specify) |

Gifts made to the Baptist Memorial Health Care Foundation are tax deductible as allowed by law. When designated to one of the funds chosen by the donor, 100% of that contribution is applied towards that intended purpose