



MarinHealth Foundation
 1350 S. Eliseo Dr., Suite 110
 Greenbrae, CA 94904

Gift Designation Form

Name: _____

Address Information

Email: _____

Address Line: _____

Phone: _____

City, St Zip: _____

Signature: _____

Date: _____

Designation:

I would like my donation to support: _____

Please indicate how you would like your donation to be used if you wish to support a specific department, program, capital project, etc.

One Time Donation

Enclosed is my **check** for the amount of \$_____ made payable to **MarinHealth Foundation**.

I would like to make a **onetime** gift for the amount of \$_____ with the following **credit card**:

MasterCard Visa Discover American Express

Credit Card Number: _____ Expiration Date: _____

Recurring Credit Card Donation

I would like to make a **recurring** gift for the amount of \$_____ (please enter the amount you would like to donate each time your card is processed) beginning _____ (please enter the date you would like your recurring gift to begin).

Payments will be made: Annually Semi-annually Quarterly Monthly

I would like to make my gifts with the following **credit card**:

MasterCard Visa Discover American Express

Credit Card Number: _____ Expiration Date: _____

Pledge Commitment

I would like to make a **pledge** for the amount of \$_____ that will be paid over _____ years. The first payment will be made ____/____ (Month/Year).

Payments will be made: Annually Semi-annually Quarterly Monthly One-time

I plan to pay this pledge by:

Check made payable to **MarinHealth Foundation**.

I would like to make a payment with the following **credit card**:

MasterCard Visa Discover American Express

Credit Card Number: _____ Expiration Date: _____

For recognition purposes:

I would like to be recognized as: _____

I prefer to remain Anonymous

If you have any questions or if you need stock or wire transfer instructions, please contact **Jason Krasko** at:

Phone: 415-925-7425

E-Mail: jason.krasko@mymarinhealth.org