



Please mail to:
 Lake Health Foundation
 7590 Auburn Road
 Concord Township, Ohio 44077

Or fax to: 440.354.1930
Questions? Please call: 440.354.1900

YES, I WANT TO MAKE A GIFT!

Title (Mr., Mrs., Dr., etc.): _____ **Name:** _____

Home Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone / Home: _____ **Phone / Business:** _____

Business Name: _____

Business Address: _____

E-Mail Address: _____

Gift/Pledge Information

My gift is to support:

- Lake Health**
(Provides support for the most critical needs)
- Breast Health**
- Cancer Care**
- Cardiac Care**
- Diabetes Education**
- Wellness Initiatives**
- Other:** _____

(Optional) This gift is:

In honor of: _____

In memory of: _____

Lake Health Foundation will notify the following that a gift has been made in their honor/memory:

Name: _____

Address: _____

I am making a gift in the amount of:

- \$25 My employer will match my gift.
A matching gift form is enclosed.
- \$50
- \$100 *If giving a matching gift, please provide company name and address:*
- \$250 _____
- \$1,000 _____
- \$ _____ _____

I am making a pledge in the amount of: \$ _____

My first pledge payment will be made on or by:

 (Month) (Day) (Year) (Amount)

Subsequent payments will be made on or by:

 (Month) (Day) (Year) (Amount)

Method of Payment:

- Check (Payable to Lake Health Foundation)
- Credit Card (Circle One)

VISA MC DISC AMEX

Name as it appears on credit card:

Account Number:

Exp. Date: _____ Sec. Code: _____

Signature: _____

Your contribution is tax-deductible to the fullest extent allowable by law. Information provided on this form will be kept strictly confidential.