



Please mail to:
Lake Health Foundation
10 East Washington Street
Painesville, 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 Foundation (Provides support for the most critical needs)
Breast Health
Cardiac Care
Cancer Care
Diabetes Education
Integrative Medicine
TriPoint Medical Center's Capital Campaign
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 \$50 \$100 \$250 \$1,000 \$
My employer will match my gift. A matching gift form is enclosed.
If giving a matching gift, please provide company name and address:
I am making a pledge in the amount of:
\$
My first pledge payment will be made on or by:
Subsequent payments will be made on or by:

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

Method of Payment: Check (Made payable to Lake Health Foundation)
Credit Card: Visa MasterCard Discover
Name as it appears on credit card:
Account Number: Expiration Date:
Signature: