



# Bonner General Health Foundation Gift Form

Date: \_\_\_\_\_ Gift Amount: \$ \_\_\_\_\_

### DONOR INFORMATION:

Title (please circle): Dr. Mr. Mrs. Ms.

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

Okay to list me as a donor  Yes  No

### PLEASE USE MY GIFT FOR:

- Area of greatest need
- Surgical equipment fund
- Other (specify): \_\_\_\_\_

### PAYMENT INFORMATION:

- Enclosed is a check payable to *Bonner General Health Foundation*.
  - Please charge my credit card  Visa  MasterCard  Discover  American Express
- Card number: \_\_\_\_\_ Exp.: \_\_\_\_\_ Security # (3 or 4 digits): \_\_\_\_\_
- Name on card: \_\_\_\_\_
- Signature: \_\_\_\_\_

### TRIBUTE GIFT INFORMATION (please check one, if applicable):

- In memory of: \_\_\_\_\_
- In honor of: \_\_\_\_\_

*Please send a letter informing the following of my gift (gift amount will not be included in message):*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship of letter recipient to the honoree/deceased: \_\_\_\_\_

Please mail your completed form and check, if applicable, to:  
**Bonner General Health Foundation, 520 N Third Ave, Sandpoint, ID 83864**  
For more information call **(208) 263-1441**