



# Palo Alto Medical Foundation

A Sutter Health Affiliate

Community Based, Not For Profit

## Palo Alto Region Gift Form

Please print and fill out.

Yes! I would like to make a gift to the Palo Alto Medical Foundation (PAMF). Enclosed is my tax-deductible gift in the amount of \$ \_\_\_\_\_. I would like to designate my gift to support the following program and services:

\_\_\_\_\_ **Fund for Excellence**  
(to be used where the need is greatest)

\_\_\_\_\_ **Health Care**

\_\_\_\_\_ **Health Education**

\_\_\_\_\_ *location*

\_\_\_\_\_ **Breast Cancer Education**

\_\_\_\_\_ **Research**

\_\_\_\_\_ **Medical Oncology**

\_\_\_\_\_ **Uncompensated Care**

\_\_\_\_\_ **Campus Art**

\_\_\_\_\_ *location*

\_\_\_\_\_ **Palo Alto Equipment**

A gift in honor or memory of a family member, friend, physician, nurse or other health care professional can be directed to the Department of Philanthropy. It is important to include the name and address of the person(s) to notify about your tribute gift.

This gift is made:

\_\_\_\_\_ **in honor of**      \_\_\_\_\_ **in memory of**

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

Please send gift notice to (amount of gift will not be included):

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

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

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

Thank you for your generosity. Your gift, payable to Palo Alto Medical Foundation, is tax-deductible. Please print this page and mail it to:

Palo Alto Medical Foundation  
Department of Philanthropy  
795 El Camino Real  
Palo Alto, CA 94301

Please charge this gift to my

Visa

MasterCard

American Express

Discover

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

3-Digit Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

For more information on any of these programs, please contact Anne Bachan Jigger, vice president of philanthropy at 650-853-6076 or [jiggera@pamf.org](mailto:jiggera@pamf.org).

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

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

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_