

Can we count on you?

If we've helped you, your family or a friend, if you call us often, or even if you simply believe in our mission, we invite you to support our nonprofit foundation.

Your donation makes it possible to:

- Take your calls and connect you with the best care
- Develop relationships with world-class hospitals around the country
- Give back to support physicians doing life-saving medical research

Can we count on you to be generous with your tax-deductible gift?

NAME	SPOUSE/ PARTNER
BIRTHDAY	BIRTHDAY
EMAIL	EMAIL
STREET	
CITY ST ZIP	
PRIMARY PHONE	MOBILE PHONE

Donation Type Annual Appeal General Donation

Yes! Count on me for a gift of: \$10,000 \$5,000 \$2,000 \$1,000 Other: _____

Check enclosed. Check # _____ made payable to Healthnetwork Foundation.

Check coming from _____
NAME OF FUND OR FOUNDATION

I would like to make a stock transfer, please contact me about this option.

I will be making a qualified charitable distribution from my IRA.

I authorize Healthnetwork to charge my Visa MasterCard or American Express:

CREDIT CARD NUMBER	EXPIRATION DATE
NAME ON CARD	
SIGNATURE	

I'm interested in making a gift through my estate plan or donor advised fund. Please contact me.

For donor recognition, please list my/our name(s) as: _____

IF YOU WISH TO REMAIN ANONYMOUS, PLEASE ENTER THAT IN THE SPACE ABOVE



Please return this form by mail, fax or email.
Mail: 3550 Lander Road, Suite 225 Pepper Pike OH 44124
Fax: +1 440-893-0831
Email: mfrankel@healthnetworkfoundation.org
Donate online: healthnetworkfoundation.org/donate

*Thank you for your
generous and thoughtful gift.*

All contributions are tax deductible to the fullest extent allowed by U.S. law. Federal Tax ID #04-3804600