# Can we count on you?

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

Your donations make 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

First name _____ Last name _____

Address _____

Address 2 _____

City _____ State _____ ZIP _____

Phone number _____ Email address _____

☐ 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 will be making a gift through my donor-advised fund.

☐ 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 discussing a major gift. 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

☐ I do not wish to contribute at this time.

healthnetwork™ Foundation

Please return this form by mail, fax or email.
**Mail:** 5800 Landerbrook Drive, Suite 300 Mayfield Heights OH 44124
**Fax:** +1 440-893-0831
**Email:** mfrankel@healthnetworkfoundation.org
**Donate online:** healthnetworkfoundation.org/donate

*Thank you for your generous and thoughtful gift.*

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