

Can we count on you?

This is our only fundraising campaign all year, and we depend on it to keep us going strong for the coming year.

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

Can we count on you to be generous with your tax-deductible gift to this year's Annual Appeal?

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

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

I do not wish to contribute at this time.



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