



YES, I/WE WANT TO MAKE PALMETTO HEALTH CHILDREN'S HOSPITAL THE BEST PLACE TO CARE FOR AND TREAT CHILDREN IN A FAMILY-CENTERED, STATE-OF-THE-ART HEALTHCARE FACILITY.

Enclosed is my/our contribution of: \$ _____

Paid by Cash Check VISA MasterCard American Express

Card# _____ Exp Date _____

Name on card _____

Signature _____

Check# _____ Payable to Palmetto Health Foundation-Pediatric Surgery Project.

I/we pledge a total gift of \$ _____ to Palmetto Health Foundation-Pediatric Surgery Project.

Payments will be made in _____ installments starting _____. Please bill Quarterly Annually Other _____

I'm interested in making payments via stock transfer. Please send broker information.

Name Mr. Mrs. Ms. Mr. & Mrs. _____

Address _____

City/State/Zip _____

Phone (H) _____ Phone (W) _____

E-mail _____

Signature(s) _____

Date _____

Date _____

For recognition purposes, please print my name as: _____

This gift is in memory of, in honor of: _____

Send acknowledgement to: _____

Address _____

City/State/Zip _____

I am interested in the following naming opportunity: _____

My company will match this contribution. Attached is the required form.

FOR MORE INFORMATION:

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Your contribution is tax-deductible to the fullest extent by law. Thank you for your generosity.

FUNDING HEALTH AND HOPE