



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

**FUNDING HEALTH AND HOPE**