

Yes, I want to support the University of Colorado Hospital!



DONOR INFORMATION:

Mr. Mrs. Ms. Mr. and Mrs. Dr. Other _____

First Name: _____

Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

GIFT INFORMATION:

I wish to make a one-time gift of \$ _____ Check enclosed (payable to UCHF) Credit Card

I wish to make a monthly gift* of \$ _____ per month via my Credit Card

* You may cancel this monthly gift at any time by calling 720-848-7802 or writing to us at the address below.

CREDIT CARD INFORMATION:

MasterCard VISA AMEX Discover Card Number _____

Expiration Date _____ Security Code _____

Print name as it appears on the card Signature

DIRECT MY GIFT TO:

Cancer Center Expansion Fund: Will expand and renovate 41,000sqf at the University of Colorado Cancer Center.

Patient Financial Assistance Fund: Supports medication, food, transportation and temporary housing for patients and their families.

Cancer Center Fund: Supports program expenses, equipment, patient education, clinical research and staff education.

Cardiac & Vascular Center Fund: Supports program expenses, equipment, patient education, clinical research and staff Education.

Neurosciences Center Fund: Supports program expenses, equipment, patient education, clinical research and staff Education.

Transplant Fund: Supports program expenses, equipment, patient education, clinical research and staff education.

Other area _____

MY GIFT IS IN TRIBUTE OF:

In Memory of: _____ In Honor of: _____

Please send an acknowledgement of my tribute gift to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

GRATEFUL PATIENT AND FAMILY PROGRAM: Recognize your outstanding caregiver

My gift is in appreciation of (caregiver name) _____ of the (unit/area) _____

I want to recognize them for: _____

My gift will be matched by my employer. Employer: _____