



THE JOY & POWER OF REMEMBRANCE

We will help you and your loved ones and friends in joy or sorrow, to celebrate or console.

Person is Living Name _____
 Deceased
 Annual Gift City, State _____

CHECK APPROPRIATE BOX: Honoring Get Well Wish Christmas Remembrance Other
 Donation Memorial Anniversary Happy Birthday

Gift Made By: Title Mr.&Mrs. Mr. Mrs. Ms. Gift Amount \$ _____
Name _____ Check* Cash MC VISA
Mailing Address _____ Apt # _____ Card No. _____
City _____ State _____ Zip _____ Exp. Date _____
Daytime telephone # _____ Cardholder Signature _____

Send notice of this Remembrance to:

Name _____ Address _____
City, State, ZIP _____

Please send me more information:

- Ways of giving by will, trust, life insurance, cash gifts or other special gifts.
- I have already made provisions for Presbyterian Health Foundation in my will:
- Send me a Memorial Booklet
- About the Presbyterian Health Foundation

- Bequest
- Trust
- Other

Name _____
Address _____
City _____ State _____ Zip _____

