



Yes, I want to help the Community family invest in a healthier community.

People like you, your neighbors and friends, are making a difference in the lives of the Central Valley residents. Your contribution – at any level – helps us give back to the Valley the best possible care and the vital programs and services listed below. You can have a remarkable, lasting impact. Please consider a gift today that will give back for years to come. **Thank you!**

PLEASE DIRECT MY/OUR GIFT TO THE FOLLOWING:

- Where the Need is Greatest
- Cardiac Care
- Cancer Care
- Table Mountain Rancheria Trauma Center
- Leon S. Peters Burn Center
- Terry's House
- Neonatal Intensive Care (NICU)
- Education Advancement Scholarships for Employees
- Neurosciences
- Other _____
- Pediatrics

I WOULD LIKE FURTHER INFORMATION ON:

Please contact me to discuss. Email _____ Phone _____

- Estate and planned gifts
- Gifts of Securities
- Corporate Giving
- Naming Opportunities
- Employee Giving

ENCLOSED IS MY/OUR GIFT OF:

- \$5,000
- \$2,500
- \$1,000
- \$500
- \$250
- \$100
- \$50
- \$ _____

This gift is in memory/honor of: _____

Please inform the family/honoree of the gift; the name and address are enclosed.
(Note: The amount will not be disclosed.)

Please make checks payable to: Community Medical Foundation

Please charge my: VISA MasterCard American Express Discover

Account _____ Expiration Date _____

Name on Card _____ Signature _____

I prefer to make my gift in payments of \$ _____ Monthly Quarterly Semi-annually Annually

DONOR-INVESTOR INFORMATION

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ E-mail _____

Birth date: month and day ____ / ____ / ____ Spouse's Birth date: month and day ____ / ____ / ____

Gifts are tax deductible to the extent allowed by federal law. Tax ID# 77-0191730.