

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 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 Nee Cancer Care Leon S. Peters Neonatal Inter Neurosciences Pediatrics 	Burn Center nsive Care (NICU)	 Terry's Hou Surgical Set Education A 	ntain Rancheria T Ise rvices Advancement Sch	rauma Center nolarships for Emplo	-	
I WOULD LIKE FURTHER						
Estate and planned gif	ts 🗌 Gifts of Securities	Corporate Giving	g 🗌 Naming	Opportunities	Employee Giving	
Please contact me to disc	cuss. Email	Phone				
ENCLOSED IS MY/OUR G	IFT 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 addre	ess are enclosed.	(Note: The amount	will not be disclosed.)	
Please make checks payable to: CHS, Office of Philanthropy						
Please charge my:	VISA	erCard 🛛 Ameri	can Express	Discover		
Account	countExpiration Date					
Name on Card		Signature				
I prefer to make my gift i	n payments of \$	Monthly	Quarterly	Semi-annually	Annually	
DONOR-INVESTOR INFO	RMATION					
Name	neSpouse's Name					
Address		City		State	Zip	
Home Phone	Business Phone	E-mail				
Birth Date:	//	Spouse's Birt	h Date:	/	/	
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Gifts are tax deductible to the extent allowed by federal law. Tax ID# 77-0191730. 1530 E. Shaw, Suite 106 • Fresno, CA 93710 • P: 559.724.4343 • F: 559.724.4350 communitymedical.org/give • giving@communitymedical.org