



# Gift Form

Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone (Day) \_\_\_\_\_  
 (Evening) \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 \_\_\_\_\_

### Gift Information

I would like to make a gift of \$ \_\_\_\_\_ to the Proctor Health Care Foundation. Please allocate my gift to the following:

- Areas of Greatest Need (Unrestricted)
- Women’s Health Services
- Orthopedic Services
- Contact me to discuss how I would like my gift to be used.
- Nursing Scholarships
- Cardiovascular Services
- Skilled Nursing Center
- Other \_\_\_\_\_

Payment Enclosed:  Check     MasterCard     Visa     Discover  
 Credit card number \_\_\_\_\_  
 Expiration \_\_\_\_\_ 3-digit security code \_\_\_\_\_

### Recognition of Gift

- I wish to remain anonymous.
- I wish my names(s) to be listed along with other donors as follows:  
 \_\_\_\_\_

This gift is being made  In Honor of     In Memory of  
 \_\_\_\_\_

Please send notification of my gift to:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable to:  
 Proctor Health Care Foundation  
 5409 North Knoxville Avenue \* Peoria, Illinois 61614  
 The Foundation is a non-profit 501(c)(3) organization.  
 Gifts are tax deductible as prescribed by law.  
 THANK YOU!