



Memorial Gift

In Memory Of

Name _____

Gift Amount \$ _____

Payment Enclosed: Check MasterCard Visa Discover

Credit card number _____

Expiration _____ 3-digit security code _____

- Please use this gift where the need is greatest.
- Please contact me to discuss how I would like my gift to be used.

Name(s) _____

Address _____

Phone (Day) _____
(Evening) _____

E-mail _____

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

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!